Hypnosis: Putting the Imagination to Work

M. Ron Eslinger

Digitized by the Internet Archive
in 2022 with funding from
Kahle/Austin Foundation

https://archive.org/details/isbn_9781475107647

Published by
Healthy Visions
351 Market Street, Clinton, TN 37716
www.healthyvisionshypnosis.com

Copyright 2013 Healthy Visions

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval systems, without permission in writing from the copyright owner.

This book was printed in the United States of America.

Dedicated to My Wife

This book is dedicated to my wife Karen who stood by me during all my dreams, ideas and travels in the pursuit of knowledge of and the business of hypnosis. She continues to be my cheerleader during the frustrations, fears, anxieties and failures that accompanied our journey from our beginning in 1978 to our success today. She is the success.

About the Author

Michael R. "Ron" Eslinger, Captain, USN, Retired

RN, CRNA, MA, APN, BCH, CMI, FNCH
Registered Nurse, Certified Registered Nurse Anesthetist, Master of Arts,
Advanced Practice Nurse, Board Certified Hypnotherapist,
Certified Master Instructor of Hypnosis,
Fellow National Council for Hypnotherapy (United Kingdom)

Ron Eslinger is a retired Navy Captain and owner of Healthy Visions in Clinton, Tennessee. He is founder and CEO of the American School for Clinical Hypnosis- International in Clinton, Tennessee as well as the President and Founder of the American Association for Moderate Sedation Nurses and MyCEcredit.com. He is a past President of the Virginia Association of Nurse Anesthetists.

Ron has practiced clinical hypnosis professionally since 1978 and specializes in pain management. His hypnotherapy awards include Researcher of the Year 2003, Presenter of the Year 2004, Achievement Award 2005, Lifetime Achievement 2007, Educator of the Year 2008 and the Charles Tebbetts' award in 2012 for shining the light of hypnosis. Ron has presented to thousands of health care providers and hypnotists on the benefits of hypnosis as an adjunct to medicine, surgery and pain control.

He has served as: Senior Nurse Anesthetist, Senior Nurse Executive and as Hospital Executive Director during his career. Ron was nominated by the Navy to represent the Department of Defense to the National Institutes of Health Committee on Complementary and Alternative Medicine.

Ron lectures and teaches internationally to Nursing, Anesthesia, Medical and Hypnosis Organizations. He writes a monthly article on wellness for the Anderson County Visions Magazine and is published in a number of professional nursing, anesthesia, hypnotherapy journals, books, CDs and DVDs.

Ron may be contacted at:
Healthy Visions
351 Market Street
Clinton, TN 37716
1-866-312-3159
www.healthyvisions.com
ron@eslinger.net

TABLE OF CONTENTS

INTRODUCTION 9

HYPNOSIS DEFINED 13

..... 15

HISTORY 16

FREQUENTLY ASKED QUESTIONS 19

HOW DOES HYPNOSIS WORK? 20

THE PHENOMENA OF HYPNOSIS 21

GUIDED IMAGERY 25

CREATIVE VISUALIZATION 26

BRAIN & MIND 27

THE CONSCIOUS AND SUBCONSCIOUS MIND 28

THE LIMBIC SYSTEM 29

- The Limbic System and Memory 31
- The Limbic System and the Body 34

RAPPORT AND SUGGESTION 39

FOUR PHASES OF HYPNOSIS 44

INDUCTION, DEEPENING, AND UTILIZATION 45

HYPNOSIS: AN ADJUNCT TO HEALTH PROMOTION 48

- Formula For Success 49
- Smoking Cessation or Tobacco Use 50
- Weight Loss 53
- Stress Management 55
- Childbirth 60
- Pain Management 61

HYPNOSIS FOR ACUTE AND CHRONIC PAIN CONTROL 62

HYPNOSIS AND ANESTHESIA 68

LEGAL CONSIDERATIONS FOR HYPNOTISTS 70

NATIONAL INSTITUTES OF HEALTH 72

CONCLUSION 73

APPENDIX 1 MEDICAL HYPNOSIS AS AN ADJUNCT TO ANESTHESIA 75

APPENDIX 2 GLOSSARY 82

APPENDIX 3 SCRIPTS 90

Progressive Relaxation Induction for First Session 90
Generic Script 94
Stop Smoking Script 96
Weight Loss Script 98
Freedom From Stress 101
Pain Comfort Script 103

APPENDIX 4 ARTICLES 106

Hypnosis – Fears and Misconceptions 106
Stress Kills - Take Five and Survive 108
Change Your Mind - Change Your Brain - Change Your Behavior 110
I Was Blind, But Now I See 112
Tiger Woods Uses Hypnosis 114
Awake The Movie – What About Your Anesthesia 116
We Are Only As Happy: As We Make Up Our Mind To Be 118
Say Good Night to Insomnia 119
Words on Water, Make Plants Grow 121
Rethinking Hypnosis – A Great Tool 123
The Price Is Right: Come On Down! 125
James Braid 127

BIBLIOGRAPHY 131

INDEX 133

INTRODUCTION

My First Hypnosis Session

When I was seventeen years old I needed a high school science project. My aunt's friend gave me a book titled *'The Search for Bridey Murphy' by Morey Bernstein* and right in the middle of that book, I mean when you open it up, right there was a script to put someone into hypnosis.

I started reading it and thought, "Man, this is cool." The book stated that the easiest ages to hypnotize are from nine to seventeen. Great! I had a fourteen year old sister. Man, I'm good to go. All I had to do was go borrow a tape recorder (not that easy in 1966). I got the recorder, got the book, got a candle and got my sister. I was ready to go into uncharted waters.

I had my sister lie on my bed and stare at the flickering flames of the lit candle. I learned later this is called eye fixation. I said, "Stare at the candle". She's looking at it and I started reading from the book all these good directions about going into hypnosis. I read the progressive relaxation script and with no idea of what I was doing I regress her. Remember, I had absolutely no training in hypnosis and had no idea what I was doing. I regress her back to the first grade. I figure that's safe. You know, I was not taking her back ten years or into a past life. I did get her to the first grade and asked some questions for the recorder. It was so cool. I recorded it on a cassette tape. I am thinking. I can play this for my science project. I see an easy "A."

Keep in mind, however, I've had no training in hypnosis. I am done and I am ready to bring her out of hypnosis. Unfortunately, I decide to vary away from the script. I mean how hard can it be to say open your eyes and come out of hypnosis. But, I'm also her brother and thinking that I can also have some fun. So, I gave her two suggestions, both of which I do not suggest you give to anybody that is coming out of hypnosis. The first suggestion was that when she comes out of hypnosis she would be very, very relaxed. I should have said you are feeling refreshed, alert and awake. Anyway, you will be so relaxed and of course I'm counting up from one to five.

Then, out of the blue, I decided to have some fun. I told her at nine o'clock tonight you will howl like a dog. It was about 8:55 pm when I am bringing her out of hypnosis. I start counting and giving suggestions. 1. You're so relaxed, you're so calm and you're so peaceful. 2. You're going to howl like a dog at 9:00. 3. You're so relaxed and you're going to be so relaxed. 4. You're going to howl like a dog. 5. You can open your eyes. She said, "What time is it?"

I am thinking. WOW! This really works.

We walk in the living room and the clock is striking nine o'clock. Boing, boing, boing, boing, boing, boing, boing, boing, boing and all of a sudden – She is howling and I mean howling really loudly. Now that was funny, until what happened next.

Do you remember the other suggestion I gave her? You're going to be so relaxed, so very, very relaxed! All of a sudden, as soon as the howling stopped, right in the middle of the floor, wet noodle. Wet noodle and that was funny too, until I tried to get her out of hypnosis. She was happy where she was as limp as a wet rag with no response of any kind. I mean she was in never, never land.

Where's the book? It didn't say anything about something like this happening. Lord, I'm scared to death. What am I going to do? How lucky I was that my dad was already in bed or I wouldn't be here today to tell this story. My mother, however, was sitting across the room and all of a sudden I get *that look*. You know, "the look". The you are in trouble now look! I mean she is staring me down, her heart beating faster and her face turning all shades of red.

I'm trying to pick up my sister. Have you ever tried to pick up a wet noodle? I mean she was like fluid flowing through my fingers. Finally, I'm dragging her to bed. God, please let her wake up; please let her wake up. I grab her under the arms and throw half her body upon the bed. She wasn't that big but when you're dead weight, you're dead weight. And I was kind of concerned about that dead word also. With a lot of effort I get her whole body on the bed and I leave her there.

No sleep for me that night. I lay there on my back all night with my hands folded in prayer. "Oh Dear God please, if you will let her wake up, I promise I'll be good. I promise." That's all I could do.

Well, I get up the next morning and I see my mom. Her knees are all red. And I say, "What's the matter with your knees Mom?" She had been at the side of the bed on her knees. I can hear now. "God I'm going to kill him. I'm going to kill him, if she doesn't wake up."

Now, she did wake up. If you leave someone in hypnosis they will either come out on their own or the hypnosis will turn into a restful natural sleep.

I had to find another science project. I was forbidden to do "that" again.

10 Years Later

Ten years later my mother and my sister tell the story of "Ronnie the Hypnotist" to my wife Karen. We had only been married a few months when the story was told. My wife being normal, did what a normal wife does.

"Oh honey, please hypnotize me to lose weight, please hypnotize me to lose weight, please, please, please."

I'm looking at her and I'm thinking, "There is not a place on your body that needs to lose an ounce." I told my wife, "I don't do hypnosis. I did it one time by reading a book. I don't know a thing about it."

"Oh honey, please hypnotize me, please hypnotize me, please hypnotize me."

I said, "I'll go to the library and I'll get all the books they've got." I went to the Knox County Library in Knoxville, Tennessee and checked out every single book they had on hypnosis... all three of them.

I started reading these books and an amazing thing happened. The next month my Nurse Anesthesia Professional Journal had an ad for a three day hypnosis course that offered continuing education credits by the American Association of Nurse Anesthetists (AANA). That was my first encounter with synchronicity in my new passion of hypnosis. I bought the book *Clinical and Experimental Hypnosis* by William Kroger, and I opened a practice only weeks after that three day course with my certificate and three scripts.

Hypnosis is nothing new, but the majority of the public still grossly misunderstands it. This phenomenon has existed since the beginning of mankind, and is a part of everyday life. For many it is simply a state of complete physical and mental relaxation where suggestions are easily accepted. For others it may come as part of a shock or trauma situation. I like to think of it as an altered state of consciousness; an example would be driving from your starting point to your destination without paying attention to the bridge you may cross or the buildings you may pass. Some call this highway hypnosis. Most people go in and out of hypnosis several times a day.

Hypnosis is not a "cure-all", but when used properly, it can improve every aspect of a person's life. Hypnosis is most commonly used for stress management, pain management and behavior modification such as smoking cessation and weight control.

In the minds of some people, the word "hypnosis" has connotations of magic or hocus-pocus. The media misrepresents it. Movies and fiction books, as well as old wife's tales have contributed to the misconceptions about hypnosis. Many people believe that the

therapist has incredible powers, but nothing is farther from the truth. No one can be hypnotized by another person who does not want to be hypnotized.

Today's physicians, dentists, psychologists, nurses, and hypnotists in other allied health professions are using hypnosis in their practices. Hypnosis is being taught to members of the healing arts, police officers, lawyers, clergymen, students, salesmen and a host of others who have found it beneficial in their endeavors. Because the word hypnosis does conjure up misconceptions of magic and hocus-pocus, many have introduced it as guided imagery and/ or visualization.

HYPNOSIS DEFINED

The word hypnosis is derived from the Greek word "Hypnos", meaning sleep. In the hypnotic state, however, the individual is not asleep, so the word hypnosis is misleading. Medical practitioners today prefer the term "relaxation", which can be described as a particular mental and physical state a person enters when he accepts suggestions uncritically and acts upon them. Hypnosis or relaxation is a learning process in the therapist–patient relationship. Patients are treated in hypnosis and not with or by hypnosis.

Hypnosis is not black magic, and there is nothing mysterious about it. Simply stated, it is an absolute, complete state of relaxation. This is commonly called the "trance state", which is accomplished by suggestion. Suggestions given to a patient while in the hypnotic state can either be carried out immediately or after various time lapses – minutes, hours, days, weeks, months, and even as long as years later – in the normal conscious state. When the imagination and willpower are in conflict, the imagination always wins out.

HYPNOSIS IS	HYPNOSIS IS NOT
A state of relaxation	Sleep
A state of complete awareness of one's surroundings	Being Unconscious
Bringing forth of the subconscious level of the mind, ready to accept suggestions	Mind control
An avenue for creating change for a multitude of problems in various areas	A form of black magic or witchcraft
A legitimate tool in the health care field to foster healthy changes in life style	An abuse of a person's desires or capabilities

Normal sleep is an unconscious state or a state of unawareness: hypnosis is a conscious state, or a state of awareness. It is said that in hypnosis, one's awareness is increased by one thousand percent. I have not seen any research to substantiate this. However, there is no doubt that when a person is able to focus and concentrate, awareness does increase. To what degree is totally dependent on the individual.

The human mind is extremely complex, and there is still a great deal to be learned about it. We do know, however, that the mind has two levels; the conscious level and the subconscious level. The conscious level may be referred to as our objective mind, and the subconscious level as our subjective or automatic mind (autonomic nervous system). In the normal state, ideas or suggestions are presented to the conscious level; while in the

hypnotic state, they are presented to the subconscious level. The subconscious level accepts suggestions more readily and acts upon them. Since the subconscious level cannot analyze what it is told, it accepts everything as the truth.

The mind, stimulated by suggestion, is capable of great things through its imagination. As a result of various emotional reactions, remarkable physical and mental changes can occur; these same changes can be obtained through hypnosis.

Hypnosis Is NOT something YOU do to someone else. However, it is a natural state of mind that YOU can help a person enter.

The public's reaction to the word hypnosis has resulted in many substituting the word hypnosis with the following examples:

- Guided Imagery
- Meditation
- Creative Visualization
- Creative Day Dreaming
- Focused Concentration

All the above become hypnosis when a post-hypnotic suggestion is given.

American Society of Clinical Hypnosis (ASCH): Defines hypnosis as a state of inner absorption, concentration, and focused attention. It is like using a magnifying glass to focus the rays of the sun and make them more powerful. Similarly, when our minds are concentrated and focused, we are able to use our minds more powerfully, because hypnosis allows people to use more of their potential. Learning self-hypnosis is the ultimate act of self-control.

Department of Labor Definition states: "Hypnotherapist induces hypnotic state in client to increase motivation or alter behavior pattern through hypnosis; consults with client to determine the nature of problem. Prepares client to enter hypnotic states by explaining how hypnosis works and what client will experience; tests subjects to determine degrees of physical and emotional suggestibility; induces hypnotic techniques of hypnosis based on interpretation of test results and an analysis of client's problem; may train client in self-hypnosis conditioning."

Eslinger Definition states: Hypnosis is an Alpha or Theta brain wave frequency cycle that can be entered through, self-hypnosis. meditation, day-dreaming, prayer, or music. At the Alpha or Theta cycle old recorded behaviors and beliefs (perceptions) can be overwritten with new behaviors. The Alpha and Theta frequencies are measured in cycles per second and are as follows:

- The frequency range of Alpha is approximately 7 to 14 cps.
- The frequency range of Theta is approximately 4 to 7 cps.

There are many different definitions with most describing what is happening by the hypnotist or what is being done during hypnosis and not what is going on psychologically or physiologically with the person. The most common response to the question "What is hypnosis?" is no one really knows how it works.

Mesmer's Baquet

HISTORY

Ancient History: Before the Mid-18th Century

Hypnosis is older than medicine itself and has been with us since mankind had its beginnings. Virtually every culture and race of people used rituals similar to hypnosis. Cave drawings suggest that man was experimenting with hypnosis ten thousand years ago.

In Biblical times, people went to "sleep temples" to be cured of their illnesses by the Egyptian priests. The ancient Chinese employed hypnotic techniques in the form of prayer and meditation. There is evidence that the Romans used "magic sleep" for various purposes. The Greeks unknowingly used hypnosis, thinking that cures came from the gods. Hippocrates wrote about impressing health on the ill by inducing trances and making passes.

Throughout the centuries, many great medical men have studied, researched, and experimented with hypnosis. In doing so, they usually were labeled charlatans, quacks, or imposters. It is impossible to mention all of those individuals who contributed to the development and progress of modern hypnosis, but it seems necessary to mention a few.

Ancient history was accented by shamans, religious rituals, sweat lodge ceremonies, music, drumming, chanting, drugs and meditation.

Modern History: Mid- 18th Century to Present

One thing that will become apparent in the following is that many of those we consider to be pioneers in the field of hypnosis were frequently dismissed by their peers, even though many proved to be very successful healers.

1734-1815 Franz Anton Mesmer was born in Vienna. Mesmer is considered the father of hypnosis. He is remembered for the term Mesmerism that described a process of inducing trance through a series of passes he made with his hands and/or magnets over people. He worked with a person's animal magnetism (psychic and electromagnetic energies). The medical community eventually discredited him despite his considerable success treating a variety of ailments.

1795-1860 James Braid, an English physician, originally opposed mesmerism (as it became known), but then became interested. He said that cures were not due to animal magnetism however but to suggestion. He developed the eye fixation technique (also known as Braidism) of inducing relaxation and called it hypnosis (after Hypnos, the Greek god of sleep) as he thought the phenomenon was a form of sleep. Later, realizing his error,

he tried to change the name to monoeidism (meaning, influence of a single idea). However, the original name stuck. (See Braid Appendix 4)

1845-1947 Pierre Janet was a French neurologist and psychologist who was, initially, opposed to the use of hypnosis until he discovered its relaxing effects and promotion of healing. Janet was one of the few people who continued to show an interest in hypnosis during the psychoanalytic rage.

1849-1936 Ivan Petrovich Pavlov - Russian physiologist who actually was more focused on the study of the digestive process. He is known primarily for his development of the concept of the conditioned reflex (or Stimulus Response Theory). In his classic experiment, he trained hungry dogs to salivate at the sound of a bell, which was previously associated with the sight of food. He was awarded the Nobel Prize for Physiology in 1904 for his work on digestive secretions. Though he had nothing to do with hypnosis his Stimulus Response Theory is a cornerstone in linking and anchoring behaviors, particularly in NLP.

1857-1926 Emile Coué a physician formulated the Laws of Suggestion. He is also known for encouraging his patients to say to themselves 20-30 times each night before going to sleep, "Every day in every way, I am getting better and better." He also discovered that delivering positive suggestions when prescribing medication proved to be a more effective cure than prescribing medications alone. He eventually abandoned the concept of hypnosis in favor of just using suggestion, feeling hypnosis and the hypnotic state impaired the efficiency of the suggestion.

1856-1939 Sigmund Freud traveled to Nancy and studied with Liebault and Bernheim, and then did additional study with Charcot. Freud did not incorporate hypnosis in his therapeutic work however because he felt he could not hypnotize patients to a sufficient depth, felt that the cures were temporary, and that hypnosis stripped patients of their defenses. Freud was considered a poor hypnotist, however, his clients often went into trance and he often, unknowingly performed non-verbal inductions when he would place his hand on his patient's head to signify the Doctor dominant, patient submissive roles. Because of his early dismissal of hypnosis in favor of psychoanalysis, hypnosis was almost totally ignored.

1875-1961 - Carl Jung, a student and colleague of Freud's, rejected Freud's psychoanalytical approach and developed his own interests. He developed the concept of the collective unconscious and archetypes. Though he did not actively use hypnosis he encouraged his patients to use active imagination to change old memories. He often used the concept of the inner guide, in the healing work. He believed that the inner mind could be accessed through tools like the I Ching and astrology. The conservative medical community rejected him as a mystic; however, healers actively embrace many of his ideas and theories to this day.

1932-1974 - Milton Erickson, a psychologist and psychiatrist pioneered the art of indirect suggestion in hypnosis. He is considered the father of modern hypnosis. His methods bypassed the conscious mind through the use of both verbal and nonverbal pacing techniques including metaphor, confusion, and many others. He was a colorful character and has immensely influenced the practice of contemporary hypnotherapy, and its official acceptance by the AMA.

Concerns of the American Medical Association (Summarized):
The American Medical Association (AMA) has brought to the attention of both the American Society of Clinical Hypnosis (ASCH) and the Society of Clinical and Experimental Hypnosis (SCEH) that many individuals using hypnosis, some of whom may be members of one or both Societies, may be making the inaccurate statement that hypnosis is approved by the AMA as a legitimate therapy for medical or psychological purposes.

The Societies have been advised by the AMA that this statement is inaccurate, and refers to a 1958 Council on Mental Health report that was rescinded by the AMA in 1987. If any members of the Societies are utilizing the name or initials of the AMA, they are requested to remove the name or initials of the AMA from those products, services, and/or promotional materials. The AMA objects to the use of its name in connection with hypnosis as it could imply the AMA's endorsement of those specific products and/or services and could violate the rights of the AMA including significant infringement of its trademark.

Background:
In a 1987 review, the AMA rescinded almost all the policies it had endorsed from 1891 to 1958. The only policies the AMA retained concerned internal matters and AMA members' representation of the AMA and its position to the government. All policies related to diagnostic and therapeutic modalities were rescinded. Among those rescinded by the AMA was its 1958 report on hypnosis. As a result of that decision, the AMA now has no official position on the use of hypnosis. Since the AMA had rescinded its policy about hypnosis, and members of the Societies must be accurate in their presentations about hypnosis, it is not appropriate for members of either ASCH or SCEH to state that the AMA recognizes or endorses hypnosis for any purpose.

-- Exerts from a letter sent to the members of the ASCH.

FREQUENTLY ASKED QUESTIONS

Q. WHAT IS HYPNOSIS?

A. The American Medical Association defines hypnosis as a temporary condition of altered attention, within which a variety of phenomena may appear spontaneously, or manifest themselves in response to verbal or other stimuli. To state it simply, when a person is hypnotized or relaxed, his susceptibility to suggestion is increased. Thus hypnosis or relaxation can be considered a learning process.

MISCONCEPTIONS

- Loss of consciousness
- Weakening of the will
- Giving away of secrets
- Hypnosis requires a weak mind
- Losing control to the hypnotist
- Gullibility confused with suggestibility
- Inability to dehypnotize or return to normal state

Q. WHO CAN BE HYPNOTIZED?

A. Everyone can be hypnotized if they want to be. Approximately 97% of the population is hypnotizable. Approximately 20-25% of the general population can be deeply relaxed in a relatively short period of time.

Q. WHAT IS REQUIRED TO BE HYPNOTIZED?

A. Mainly, a willingness to be hypnotized and an ability to concentrate is extremely important and of equal importance is confidence in the hypnotic process being utilized.

Q. WHAT IS SELF-HYPNOSIS (AUTOHYPNOSIS)?

A. Because hypnosis is a state of consciousness (not sleep or unconsciousness) self-hypnosis is possible. In self-hypnosis the individual is taught to administer the suggestions to himself via tape or imaginary conditioning. With little practice, it can be a powerful tool for self-improvement. Any effect that can be produced through heterohypnosis (hypnosis by other person) may be accomplished by autohypnosis. Any normally intelligent person, who is willing to apply himself, can learn hypnosis.

Q. WHAT ARE SOME OF THE BENEFITS OF HYPNOSIS AND AUTOHYPNOSIS?

A. You can learn to "relax". This ability in itself can change your outlook. For example, you can make your dental visits more pleasant. You can improve your memory and concentration, gain self-confidence, bring out hidden talents, control all of your habits such as overeating or drinking or smoking and control all of your everyday nervous tensions.

Q. IS HYPNOSIS DANGEROUS?

A. Hypnosis, or relaxation therapy, when used properly, is no more dangerous than normal, natural sleep.

HOW DOES HYPNOSIS WORK?

The illustration below shows the relation of the conscious mind which is the analytical mind and its role in changing literal suggestions to make them conform to life's experiences which become perceptions of reality or our perceived reality.

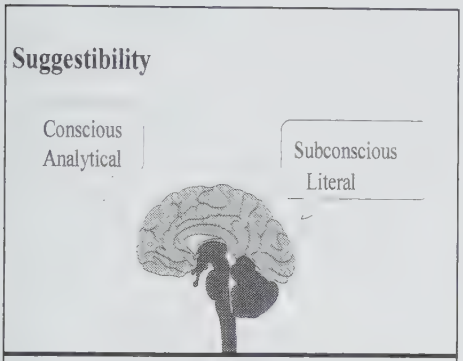
The conscious mind is where reality or information is critiqued, evaluated and changed according to our lifetime experiences, which shape our personalities. The subconscious mind, which controls the autonomic nervous system, is non-analytical and takes all suggestions literally.

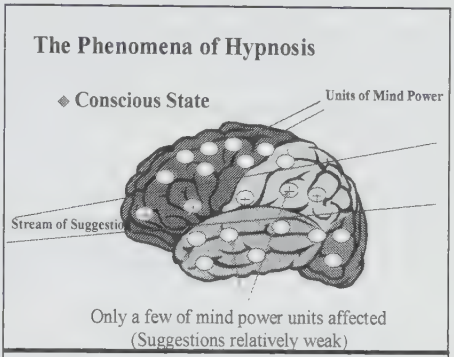
The purpose of hypnosis is to allow the conscious mind to step aside so suggestions can enter the subconscious mind without being changed. When the suggestion is that you will "eat properly for the health of your body". That is what the subconscious mind hears. The normal response of the conscious mind when we think of dieting is to say, "You can't do that, you've tried it before". Now change your thinking so that when you think of weight loss you will create a mental picture of how you want to look and feel. You stop the thought of what you would like to eat by replacing that thought with a picture of you at your optimal weight and feeling great.

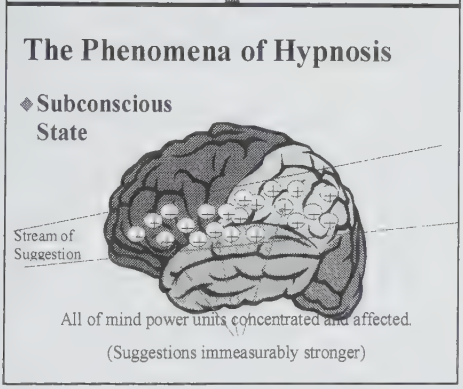
Coue's Laws of Suggestion

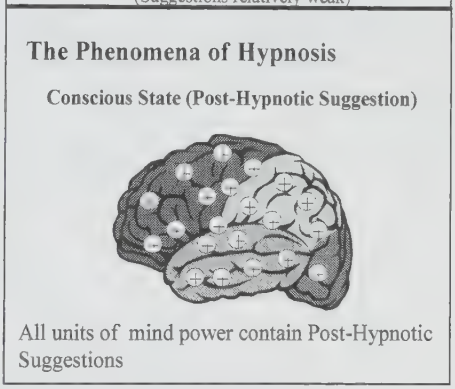
- The Law of Concentrated Attention - "Whenever attention is concentrated on an idea over and over, it spontaneously tends to realize itself."
- The Law of Reverse Action - "The harder one tries to do something, the less chance one has of success."
- The Law of Dominant Effect - "A stronger emotion tends to replace a weaker one."
- The Law of Will Power vs. Imagination - "Imagination (long term) is always more powerful than will power (short term)."

THE PHENOMENA OF HYPNOSIS




The Phenomena of Hypnosis
Conscious State
Units of Mind Power
Stream of Suggestio
Only a few of mind power units affected
(Suggestions relatively weak)




The Phenomena of Hypnosis
Conscious State (Post-Hypnotic Suggestion)
All units of mind power contain Post-Hypnotic
Suggestions

In the normal conscious state after hypnosis, most or all units of mind power are impregnated with the suggestions or ideas that were presented during the hypnotic state.

-- Adapted from S. J. Van Pelt, M.D., Secrets of Hypnotism, 1958.

Imagination and creative visualization are extremely important ingredients of hypnosis. The mind, when stimulated, is capable of great things through visual and guided imagery. As a result of Self-Hypnosis remarkable changes can occur. Your potential is unlimited.

By using the imagination to change a perception, one can create different biological phenomena.

These may include:

Body Perception Phenomena

The body can respond to perceptions by changing its sensations, kinesthetic feelings, location or position, proportions, pain, pleasure or have an out of body experience.

Visual Perception Phenomena

One can create positive hallucinations, negative hallucinations; see colors, sizes and distances in different proportions. Things can even become more clear or become blurred.

Auditory Perception Phenomena

Sounds can become louder, softer or even move to background or foreground. Voice and sound quality may change or shift or substitute sounds or blank out sound all together.

Taste and Smell Perception Phenomena

Taste and smell phenomena can be used to recall, substitute, shift or choose to not notice a smell.

Time Perception Phenomena

Time may be perceived as longer or shorter. Time perception can also be used to create the phenomena of age regression and age progression or even create the suspension of time.

Attention Perception Phenomena

Attention can be enhanced, diverted, become more mindful, more observing or be in a state of not noticing or being attentive.

Memory Perception Phenomena

Even though hypnosis can be used to improve the memory phenomena from remembering things one has forgotten, one has to realize there can be a false memory. That memory perception is changed by conflicting information or information offered by a more trusted source.

Physiological Perception Phenomena

When working with wellness, helping a person shift their thinking about blood flow, heart rate, muscle tension, body chemicals and nerve transmission can change their healthy status in either a positive or negative way.

Muscle Perception Phenomena
When the imagination is at work here muscles can create catalepsy where either the whole body or parts of the body become totally stiff. An arm may begin to float upwards because it feels so light. Ideomotor muscle movements can be expressed also.

Association Perception Phenomena
One can dissociate by having an out of body experience or moving away from a situation or experience. One can also create new associations in order to make changes in a number of different behaviors. An example would be imaging one is at the beach while waiting to go into surgery in order to lessen or remove fear and anxiety altogether.

Emotions Perception Phenomena
One can change their emotions concerning their feelings of past events or one can create new emotions.

Aspects of the perception phenomena are often called suggestibility test. They are used as convincers for clients either before entering hypnosis to convince the client they can experience hypnosis or after the client is in hypnosis to confirm that the client is in hypnosis. Below is a list of some of the more common suggestibility test or convincers.

The Most Commonly Used Suggestibility Tests

- Arm rising and falling (Imagination) - Demonstrates a person's ability to visualize and imagine – This is done by having a person hold their hands out in front of them and imagining one is holding something heavy, and the other is light as if being lifted by a large helium balloon.
- Hand Clasp (Concentration) – Having a person tightly clasp hands together and then suggesting they are glued together, so tightly glued together that no matter how hard they try they cannot pull them apart!
- Tasting a Lemon (Imagination) – Simply suggesting a person is eating a lemon demonstrates the ability of thought to create salivation and sometimes pain in the jaw. Demonstrates the biological response to thought.
- Magnetic Fingers (Focus) – Hands clasped with index fingers up and apart. Hold hands in front of face and focus on space in between fingers suggesting fingers are magnets and coming together.
- Eye Roll Spiegel technique that signifies a person's suggestibility by the amount of white you can see.

Suggestibility Questionnaire

The suggestibility questionnaire is a good indicator of the client's ability to focus, concentrate and imagine.

Answer yes or no to every statement. Give yourself 1 point for every yes.

1. Have you in the past or do you now practice relaxation such as yoga or meditation with good results?
2. Do you paint, sing, act or play a musical instrument?
3. Can you get so involved in watching television, reading or driving that you forget the time?
4. Have you ever had a day dream and not notice what was going on around you?
5. When you watch a good movie or video do you get so involved that, at times, you feel you are in the film?
6. When you think of something funny does it make you smile?
7. Do unpleasant memories make you feel sad or angry?
8. Do you have a vivid imagination? Do you see in your mind an object or a place?
9. Do you express your feelings easily?
10. Is there anyone you completely trust?

Score Interpretation

0 – 2 You do not go into hypnosis easily. You are considered analytical.

3 – 8 You are among the 80% of the people who are of average-to-good suggestibility.

9 – 10 You go into hypnosis readily and are able to accomplish most goals easily!

Adapted from *Principles of Hypnotherapy* by Vera Peiffer

GUIDED IMAGERY

Guided Imagery is a form of relaxation that uses methods of deliberately creating images and visualizations in the mind, to assist in change, relaxation, and stress management. This brings the patient into a state of focused concentration, which can be achieved by the therapists' direct involvement. Hypnotherapists use applications of both guided imagery and hypnotherapy to enhance the power of suggestion and imagery. Guided Imagery helps create a hypnotic state which when given positive suggestions helps develop positive changes in a person's behavior. The hypnotic state is an evidenced based adjunct in treating a wide range of health related conditions.

Imagery involves entering an altered state of consciousness in which you may experience one or all of your senses at the same time. In that altered state we don't interact with the world in the usual way and our everyday concerns and worries drop away . . . even if just for a brief period. In that altered state we tend to experience more . . . and think less. In that altered state we can drop outdated and perhaps negative ways of thinking, feeling, and behaving and substitute healthier patterns.

Imagery is a way of refining and organizing a "natural process". Like a magnifying glass that focuses the sun's rays, imagery focuses what is already there. We all have immediate access to imagery at all times. In the clinical practice of imagery that "natural process" is focused so that you can solve specific problems.

The greatest discovery of my generation is that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives. (*William James -1842-1910*)

You may assume that "imagination" means "not real", but the thoughts, words, and images that flow from your imagination can have very real physiological consequences for your body. Your brain often cannot distinguish whether you are imagining something or actually experiencing it. Your imagination can be a very powerful resource in modifying behavior toward a healthier life style.

PRACTICING IMAGERY AND VISUALIZATION

With guided imagery, you deliberately focus your mind on a particular image. While imagery most often uses your sense of sight with visual images, you can also include the rich experiences of your mind's other senses. Adding smells, tastes, sounds, and other sensations makes the guided imagery experience more vivid and powerful.

Some people are very visual and easily see images with their mind's eye. But if your images aren't as vivid as a really great movie, don't worry. It's normal for imagery to vary in intensity. The important thing is to focus on as much detail as possible and strengthen the images by using all your senses. Adding real background music can also increase the impact of guided imagery.

Remember, with guided imagery, you are always completely in control. You're the movie director. You can project whatever thought or feeling you want onto your mental screen. If you don't like a particular image, thought or feeling you can redirect your mind to something more comfortable, or you can use other images to get rid of unpleasant thoughts (you might put them on a raft and watch them float away on a river, sweep them away with a large broom, or erase them with a giant eraser), or you can open your eyes and stop the exercise.

CREATIVE VISUALIZATION

Creative visualization is using your natural creative ability to get what you want from life. Through a process of meditations and the use of affirmations, creative visualization can be used to enhance your ability to create a clear image, idea or feeling of something you wish to accomplish such as losing weight. By using our energy to mentally create something or consciously imagine something, we are helping it to manifest in our lives.

Creative visualization is to be used as a process of change and involves more than just "positive thinking". Instead, it involves exploring, discovering and changing our deepest, most basic attitudes toward life. An individual to take steps toward developing greater self-esteem or to learn how to avoid involvement in relationships, which are physically or emotionally harmful, can use creative visualization. It might even be valid to say that creative visualization can be an effective means to improve eating habits (possibly as a result of using creative visualization to improve self-esteem and self-worth by seeing yourself as you want to be and not as you are). Creative visualization during meditation and the use of positive affirmations will lead to taking steps toward becoming a healthier and happier person.

BRAIN & MIND

Our brains weigh about 3 lbs. and are divided into two similarly looking but functionally different hemispheres, the right hemisphere and the left hemisphere. These two hemispheres are connected by a large bundle of nerves called the corpus callosum. In some persons with severe seizure disorders it was found that if this bundle of nerves were severed their seizures would either cease or at least be better controlled. From these surgeries it was discovered that the two hemispheres had different ways of dealing with information, as well as, parts of the body they controlled. The left hemisphere controls the right half of the body and the right hemisphere controls the left side. So goes the old cliché` that, "Only left handed people are in their right minds." While we rely on both hemispheres to process different kinds of information, we tend to naturally have one hemisphere that is more dominant than the other. The functions of each hemisphere tend to be opposite of each other.

The left hemisphere is responsible for language processing and the use of words where the right hemisphere deals in images. The left hemisphere is lineal and concrete where the right hemisphere is circuitous and abstract. The left hemisphere is logical, intellectual and analytical whereas the right hemisphere is emotional, intuitive and holistic. The left hemisphere deals in convergent thinking and the right in divergent thinking. The left hemisphere is successive and the right hemisphere simultaneous.

While the brain is an organ that can be seen and held, the mind is quite another matter. It is that "thing" that is unseen and physically immeasurable, yet appears to be the part of us that "runs everything." Like the brain, the mind has two distinct parts which seem to function in opposite manners. These two parts are referred to as the conscious mind and the subconscious mind. The subconscious mind is sometimes referred to as the unconscious mind which, as we shall see, is not accurate. Some of the functions of the conscious and subconscious have been linked to the hemispheres, but this is also not true. Some conscious mind activities are left hemisphere oriented and some are right hemisphere oriented.

"The more man meditates upon good thoughts; the better will be his world and the world at large."

-- Confucius

THE CONSCIOUS AND SUBCONSCIOUS MIND

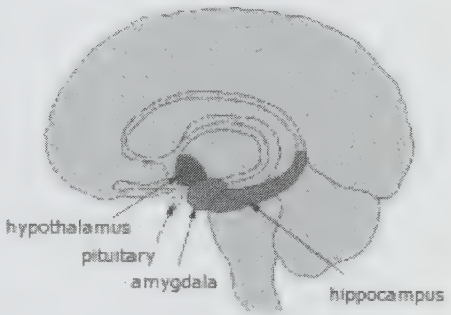
The following table gives some of the characteristics of both the conscious and subconscious minds.

Conscious "Outer Mind"	Subconscious "Inner Mind"
Sometimes inactive; e.g.. sleep	Always active from the day we were born
Organizes	Instincts and habits
Discriminates	Uncritical acceptance, literal interpretation
Active memory	Long term, "forgotten" memories
Makes logical decisions	Preferences based on emotions
Critical thinking	Fantasy, imagination
Concepts	Images
Tries to control emotions	Origin of emotions
Avoids silence and reflection	Prefers quiet reflection
Comfortable with negative	Does not readily recognize negatives
Understands time and deals in past and future	Everything is in the now
Maintaining the illusion of control	More powerful but stays in the background
Use of will in attempts to control bodily functions	Physiological control, healing mechanisms
Ego and illusion of separateness	Gateway to higher self
Processes 40,000 bits of information a second	Processes 40,000,000 bits of information a second (Bruce Lipton Biology of Belief)

The Limbic System

Medically speaking, the human body is made up of four significant vital signs. They are heart rate, blood pressure, temperature, and respiratory rate. A fifth vital sign was introduced in 2000. The fifth vital sign is pain. As with other vital signs, pain impacts a number of functions such as emotions, behavior, long-term memory and olfactory senses (sense of smell). The Limbic System influences these same functions. Understanding how the Limbic System operates is key to understanding and working with chronic pain.

When functioning normally, the Limbic System sets the emotional tone of the mind and influences changes throughout the body by using chemical messages. It filters external events through internal states and creates an emotional color for each event.



Glands of Limbic System and location, I include the pituitary because it is attached to the hypothalamus

The Limbic System tags events as internally important, creating priorities for responses. Highly emotionally charged memories are established through the activities of the Limbic System and are stored for future reference. Memories and emotions are stored and recalled correctly when the Limbic System is functioning normally.

However, when the Limbic System is functioning abnormally numerous health problems can occur. Physical problems, such as a lack of sleep, too much stress, or chronic pain, exacerbate the problems created by an out-of-balance Limbic System. The results are devastating, leading to moodiness, irritability and ultimately to clinical depression. Often Prozac® or other Selective Serotonin Reuptake Inhibitors (SSRIs) are prescribed to help those with out of balance Limbic Systems. In some cases, depending on the external factors, these imbalances can result in post-traumatic stress disorder (PTSD). This is the essence of stress turning into distress.

The Limbic System provides balance to many daily activities. An out of balance Limbic System contributes to common problems we observe every day. We perceive these problems as negative thinking, decreased motivation, or disruptions in our normal routines. When the Limbic System malfunctions, it results in a flood of negative emotions, tearing up in women and irritability in men.

Limbic System Out of Balance	
Physical Problems	Psychological Problems
• Lack of Sleep • Increased Stress • Chronic Pain	• Irritability and Moodiness • Clinical Depression • Post-traumatic Stress Disorder

In addition to negativity, lack of functionality also decreases motivation. A decrease in motivation can lead to social isolation. Even more serious physical symptoms can surface, such as appetite and sleep problems. These changes result in either eating too much or too little, or sleeping too much or not enough. One can even experience a decrease or increase in sexual responsiveness.

The Amygdala deals with reward and fear acting as a filter for external events. Its responses are based on perceptions learned from past events. The Amygdala is protective and prone to signaling danger. You may have experienced a response from the Amygdala, when you experienced a frightening event real or imagined that resulted in reflex reactions. How many of you have sat in a theater and watched a scary movie? You hold your popcorn in one hand and your drink in the other. All of a sudden somebody jumps out behind a corner on screen and your drink goes one way and you drench your friend. Your popcorn goes the other way and you sprinkle your neighbor with popcorn. The Amygdala System sees the screen and reacts. It does not realize the event is not actually happening to you. Your body responds as though you are a part of the event and as if the event were real. The Amygdala is always on guard and reacting to a perceived reality. Often this reaction is an over-reaction based on past experiences and perception. Ultimately, perception to the Amygdala is reality.

The Amygdala perceives all events as truth. It does not distinguish between a television show, a bad memory, or a real event. The little hairs on the back of your neck that stand on end as you read through the latest Stephen King book is a perfect example of the Amygdala System activating your autonomic nervous system. To the Amygdala, all events are real because it is not able to evaluate truth from perception. In a similar manner, it does not matter whether the event is positive or negative. The Amygdala System responds the same way to either type of stress.

Although the ultimate output is also controlled by the autonomic nervous system, the flight or fight process is already activated. This is the problem. In short bursts, the Amygdala System responds like a champ and our bodies handle the activation. It is only when the stress responses become constant or occur over long periods of time that these

responses start causing problems within our body. If an individual is walking around under stress all of the time that person is in a constant activated state of fight or flight. A majority of their blood is circulating through the larger muscles of the arms and the legs. This robs other areas of the body of blood flow and oxygen on a regular basis. This occurs frequently in the gut and is a major underlying cause of Irritable Bowel Syndrome (IBS).

The Limbic System and Memory

The hippocampus, which controls memory, is another player within the Limbic System. There are three types of memory: working memory, declarative memory, and procedural memory. The hippocampus is critical in cementing declarative memory, which can be compared to the memory on the hard drive of a computer.

Types of Memory		
Working Memory	Completes short-term functions like adding, speaking, and following directions.	Does not become permanent memory.
Declarative Memory	Composed of facts, figures, and names.	This information is stored by the hippocampus.
Procedural Memory	Composed of actions, habits, and skills.	This information is reflexive.

Three types of memory exist, but only declarative memory impacts our perception of reality.

The working memory is similar to the RAM of a computer or a temporary file. The information stored is used as needed. Then the cache is deleted to make room for more temporary files. So you wonder why you run to the store intending to buy a loaf of bread, but when you return home you wife asks, "Okay. Where's that loaf of bread?" You just forgot it because you started thinking about other things and the temporary file was deleted. My wife always reminds me to write down more details when asking for directions. Although I listen to the directions, I fail to create a picture image with their words or I do not write the instructions. The details vanish before I am able to even use the information. Other examples of short-term memory include addition of numbers and composing sentences. You use the information and then erase it. There is no need to remember it anymore.

Declarative memory is similar to the hard drive of a computer; composed of all the facts, figures and names you learn throughout your life. For example, I have a difficult time with names. I recall my experiences with someone long before I can recall their name. As an acquaintance approaches, I start thinking to myself, "Oh no. I can't remember their name. What's their name? What's their name?" and finally out loud to my wife, "Honey, what's their name?" My own self-talk activates my Amygdala System, creating fear and producing stress hormones that degrade and suppress my memory. I have such a difficult time that I depend on my wife to remember names for me. When we see someone we recently met, she speaks first and says their name. It is so helpful and then all of my memories about that person start flowing.

In the Navy I was in a position where I had to remember 50 names and give all of those names to my commanding officer during an inspection. I could have actually written them down, but I wanted to make an impression. I established a system. Every time I introduced myself to one of the people in my platoon, they gave me their name and I repeated it back to them. On inspection day, my commanding officer asked, "Well, where's your list?" I answered, "It's in my head." She was not too confident, but I did remember each name. There is solid proof that I can remember names, I just need the right self-talk. The details you have learned in the past are present in your memory today. You can bring them back by relaxing your mind and focusing your attention.

All your experiences are in your memory as well. Unfortunately some experiences are negative. Recalling those moments sends shivers up and down the spine. Other memories are happy and make you smile. For example, a mother can recall a really funny thing her toddler said years ago.

Recently, I attended the 75th anniversary celebration of my hospital's nursing school. A classmate and I sat chatting about college and careers when a memory from 35 years earlier popped into my head. I recalled a child who refused to drink her milk. I stood next to the child trying to coax her into drinking her milk. All of a sudden the intercom system blared, "This is the Lord speaking. DRINK YOUR MILK." The kid's eyes got really big and she grabbed her milk and started to drink. My former classmate even remembered the little girl's name, Jenny. I had not thought of Jenny for 35 years, but sitting next to my classmate brought back the memory and the humor of that moment. All of our memories are stored and there is no way to know when a memory will be triggered, or what that memory may be.

We do not know where the hippocampus stores all of these memories. We do know cortisol, a stress hormone, can degrade memory. Memories, which can be activated with electrical impulses file to stimulate hormones and neurotransmitters. Cortisol can degrade this activation which is demonstrated in the video, *"What the Bleep Do We Know?"*. As a result, the memory as a single unit or file is fragmented. During recall, we fit together a

piece of the puzzle here and a piece of the puzzle there and put it back together as a complete memory. Hypnotic processes help reconstruct the pieces of a puzzle. Hypnosis helps one to remember how they are supposed to feel, replacing the memory of pain or stress with a new memory of comfort. Hypnosis brings memories back together completing the picture. Memories, however, can be as false as they can be true. All memories are based on perception and perception becomes the reality.

Procedural memory is stored as conditioned responses for reflexes. Reflexes are actions, habits or skills that are learned simply through repetition.

We all develop procedural memories. One of the first procedural memories you may remember was learning to drive a car. I learned to drive on a standard shift or standard transmission. Do you remember the first time you were sitting in the car? You may have been thinking, "Okay I've got my right foot on the brake. I've got my left foot on the clutch. I've got to take my right foot, put it on the gas and lift my left foot up at the same time." The next thing we hear is 'thump, thump, thump' and the car stalls in the driveway.

You go for a drive. You are driving down the street and you see a red traffic light. "Oh no, there's a red light. I have to take my right foot off the gas and put it on the brake. I have to put my left foot on the clutch. Oh please don't stall. Please don't stall." That is the first week. What happens during the second week? Well guys, you have one arm around your girlfriend and you say, "Here, change the gears for me." The process becomes natural, a reflex condition.

Great athletes become great athletes by developing reflex conditions that put them in the zone for their sport. On November 15, 1993, a white-haired, 72-year-old gentleman named Dr. Amberry stepped up to the free throw line and entered into the Guinness Book of World Records of most free throws in a row without a miss. He ended his 12-hour streak, stopping only because he had to close the gym for the night. How many free throws do you think he made? What did you guess? He made 2,750 consecutive free throws without missing one. Some athletes make millions of dollars a year if they can make five out of ten free throws. (*Free Throw* by Dr. Tom Amberry)

That is really the truth of it. How many golfers, when teeing off at a water hazard, automatically take out their "water" ball? You guessed it. Their expectation is to hit the ball into the water. Sure enough, it goes in the water.

In a similar manner, individuals with chronic pain may have created a reflex condition or trigger that activates the pain. Chronic pain patients actualize the pain reflex response. They expect to wake up each morning with back pain, leg pain or even a migraine. Has that ever happened to you? Have you ever woken up in the morning thinking "I hurt all over?" So I emphasize to my clients, that the first thing to do when you wake in the

morning is to say to yourself, "I feel better today. I feel better today." Although, I certainly care if the person is in pain, the idea is to recreate in the procedural memory, a reinforcement and repetition of a healing memory. Words make a difference because words and thoughts affect the Limbic System that affects the perception and response to pain. Positive repetitions enforce new neuron networking which decreases the pain. Conversely, negative thoughts and even the fear of pain can increase pain.

The Limbic System and the Body

The Hypothalamus, also a part of the Limbic System, is concerned with homeostasis of the body (homeostasis is maintaining the body at a baseline). The Hypothalamus regulates blood pressure, heart rate, hunger, thirst, sexual desire, the sleep cycle, and body temperature. Injury to the Hypothalamus can result in a continuing rise of body temperature in a patient. The body temperature keeps going up or down because the injury damaged the Hypothalamus and now the body's regulatory system is out. Keep in mind; our body temperature is regulated to tenths of a degree to keep the body functioning normally.

As stated earlier, homeostasis is the process of returning something to a predetermined set point. The body's normal set point is to feel comfortable. The goal in hypnosis is to return those with chronic pain, back to a set point of comfort or to reactivate that set point. I do this in hypnosis by asking the client to remember what comfort felt like and to let every cell remember what normal is. Every 90 days soft tissue cells divide into a daughter cell and the mother cells die. Skeletal cells divide in this same manner every 180 days. The memory DNA from the mother cell is transferred to the new daughter cell during the division process. Fortunately, DNA memory in the cell can be changed. When we change how we think and how we talk to ourselves, we influence the memories in the cells. This is synonymous with an upgrade.

However, to obtain this memory upgrade, we have to upgrade our thinking. Through positive self-talk and concentrated focus, we override the memory of existing pain. In this manner, your brain is operating as a thermostat, regulating memories back to a set point and creating new memories to pass on to the new daughter cells. These new memories create new behaviors. This process works whether the new memory is positive or negative. Negative new memories reinforce pain, resulting in the continued memory of pain (chronic pain) or the worsening of pain. When the client activates lots of positive new memories of what being normal is for each cell that cell will send a signal of comfort to the brain. There is no pain, until the message gets to the brain.

The Hypothalamus is important to hypnotists because it is responsible for regulating so many vital functions in the body. For example, the Hypothalamus regulates hunger. If I am working with weight management clients, we work on their Hypothalamus by creating

a new thought pattern of healthy eating, along with the related function of thirst. Why thirst? Water detoxifies and is necessary for normal cell function.

Few people know how much water they should drink. Do you know how much water you are supposed to drink every day? You should be drinking half (1/2) your body weight in ounces of water each day to rid your body of toxins, maintain correct circulation volume, and promote tissue hydration. Drinking water makes a big difference, not just for persons over weight, but also for pain management. If you're not drinking half your body weight in ounces of water every day, your liver must take up some of the work of your kidneys that need fluid in order to filter toxins. If you consume coffee (or other caffeinated beverages), you have to counter the diuretic affects with double the volume of water. So, if you just swallowed an eight-ounce cup of coffee, you have to replace the lost fluids with 8-ounces of water.

Our responses to pain, our levels of pleasure, our sexual satisfaction, anger, aggressive behavior and more are all packed into the Hypothalamus. Research shows that using hypnosis allows those responses to bypass the cognitive part of our brain and go directly to the Limbic System and the Hypothalamus. That is why hypnosis works so well for pain, weight management, behavioral changes, and the elimination of substance abuse. It is simply this, "Change the mind, change the brain, change the behavior."

The Hypothalamus also regulates the functioning of the parasympathetic (rest and digest) and the sympathetic (fight or flight) nervous systems, which in turn means it regulates things like pulse, blood pressure, breathing, and arousal in response to emotional circumstances. Therefore, changing thoughts also changes our health. Ultimately hypnosis is used, along with other psychological techniques, to retrain the brain's response through the Limbic System.

How many people have you known that break out in hives or are plagued with severe headaches? In many cases the hives and headaches are their response to stress. I treated a lady for Herpes Zoster, otherwise known as Shingles. This illness is wrapped up in emotions. The nervous system is activated which triggers a stress response that in turn, activates the virus.

Dr. John Rowlingson, the director of the University of Virginia Department of Anesthesiology Pain Management Center, is quoted as saying, "[The Limbic System] might explain why therapies that act primarily in the brain, such as hypnosis, biofeedback, and brain stimulation, work so well to control pain." The mind is united with the body through messenger molecules or neurotransmitters. Our emotions, sensations, thoughts, and images of consciousness use common communication channels with the molecular-genetic mechanisms of the body. Everything works together. Therefore, if you want to increase your immune system, smile, have a happy thought, and commune with nature.

The limbic system does not know the difference between a fake smile and a real smile. Therefore, the response to a fake smile is the same as a real smile.

During his years as a cancer surgeon, Dr. Herb Siegel realized he saw only the disease, and never saw the patient. Now Dr. Siegel does more talking than he does surgery, teaching cancer patients how to think and how to view themselves. He uses hypnosis in the form of guided imagery and he guides the patient through particular thought processes, dealing with their perceptions of the disease and their emotions. During his lectures, he discusses the miraculous changes that he sees in working with cancer patients in this manner and the successful regression of their disease.

Recently, I worked with a young lady to relieve her of headaches associated with Glioblastoma (terminal brain cancer, typically nonresponsive to chemotherapy and surgery). Glioblastoma tumors are quick and very active. Her doctor told her she had three weeks to live. Her husband insisted she try hypnosis. Over the first eight months, her MRIs and PET Scans showed that her tumor had shrunk after the hypnosis sessions. She was healthier, smiling when she came in for her sessions. She was happy and she laughed often.

Her sessions changed her whole attitude about her illness and her treatments. Hypnosis helped her develop an attitude of wellbeing. She did not report any more headaches or pain after the second session and her edema (swelling) disappeared. In fact, her hypnosis and self-hypnosis helped her successfully undergo chemotherapy, which is rare for Glioblastoma. Her three-week prognosis for death became an additional three years of life for her. Unfortunately, major stresses caused her cancer to return after three years of remission and she died.

Another woman I treated had lung cancer. By the time the cancer was diagnosed, she was already at the terminal stage. She was in terrible pain and surgery was not an option for her. Hypnosis helped control her pain and made her chemotherapy treatments easy. She never lost her hair, nor did she feel nauseous. Hypnosis helped her through the difficult stages of fighting her cancer. As her anesthetist, her mindset was essential in using hypnosis as the anesthetic.

Just a few years ago, physicians and medical professionals believed no relationship existed between the immune system and the psychological processes of the body. It was ascertained that the immune system was not connected to the endocrine system at all. Today, we understand the connection between mind and body down to the molecular level. In fact, researchers classify Psychoneuroimmunology as the study of the interaction between psychological processes and the nervous and immune systems. A great example of this is reflexology, the practice of applying pressure to specific parts of the feet to affect

organs throughout the body. No one is certain how massaging feet benefits someone's mind or any other part of the body. However, it works because everything is connected.

The nature of Psychoneuroimmunology is in a relationship between the organs of the immune system and the sympathetic nervous system. Catecholamine neurotransmitter receptors work together with the body and its organs: the thymus, the bone marrow, the spleen and lymph nodes. The resulting effect is that our thoughts make a difference. If we take those thoughts and simultaneously enter an alpha or theta brain wave frequency, we can bypass our critical state. It is how one talks to the subconscious autonomic nervous system, changing old experiences and perceptions through what is said.

The sympathetic nerve endings in the immune system's organs make contact with lymphocytes thus; the brain is physically connected to the immune system. When I work with people that have immune system problems, I show them a 15-minute animated video of how the immune system works. Afterward, when I talk to them about bringing their immune system into focus or bringing in armies to demolish the cancer cell, they can visualize the functions of the immune system. They visualize the cancer cell as a tiny individual cell that they have control over. They can mentally close off the blood supply to that cell, stopping its growth. The cell is visually cut off from its own lifeline and disintegrates as a result. There are many reports of successful recoveries using visualization techniques and hypnosis. I do not consider these miracles, as hypnosis does not create miracles. But certainly, I have seen miraculous things happen through the use of hypnosis.

The central nervous system is involved in the mediation of feelings. It is connected to the immune system through the brain and the mind. Think of the mind in two parts: the conscious (cognitive) mind and the subconscious (automatic) mind. The two minds must work together to create health and happiness. Stress activates both the conscious and the subconscious mind. Later, I will discuss in greater detail, the roll stress plays relative to pain and other diseases.

Cortisol is a stress fight or flight hormone designed for release in short bursts. It is an essential hormone for survival that is responsible for producing and maintaining high levels of glucose necessary for our response to stress. Abnormally high levels of cortisol are released in response to high stress, or fight or flight reactions. These high Rapport and hypnosis levels of cortisol increase gluconeogenesis, resulting in the breakdown of muscle proteins, among other problems. The result contributes to numerous pain syndromes, including fibromyalgia, rheumatoid arthritis, chronic fatigue syndrome, and lupus. Often, these syndromes do not present in patients absent of other ailments.

I see a great deal of individuals suffering from fibromyalgia. Patients with fibromyalgia also have other co-morbidities that can include chronic fatigue syndrome, migraine headaches,

chemical sensitivities, or temporal mandibular joint (TMJ). There are always at least two other co-morbidities involved when a person is diagnosed with fibromyalgia.

Lupus is an autoimmune disease caused by an abnormal increase in the immune system that causes pain in skin, joints, muscles, kidneys and other organs. It is as though the body is fighting against itself and its own immune system. Psychoneuroimmunology demonstrates the relationship between the immune system and the psychological process. Hypnosis works well with Lupus patients because hypnosis makes it possible to communicate with the Hypothalamus to help with auto-regulation.

Remember, everything is connected. By using hypnosis to work with the Hypothalamus, we change the stress response. Hypnosis allows a focused concentration and relaxation, resulting in an increase in oxygen throughout the body's cells. This increase in oxygen has a major influence on decreasing a patient's pain levels. As an example, a muscle cramp is the direct result of squeezing blood and oxygen out of muscle cells. The lack of oxygen in muscle cells causes the cramping pain, just as a lack of oxygen in any cell results in pain. Replenishing cells with oxygen through hypnosis reduces pain just as stretching muscle cells increases blood flow (i.e. oxygen) and reduces pain.

Case Presentation - Hemophilia

Tommy was fourteen and a victim of hemophilia which is a defective or deficient blood coagulation molecule known as factor VIII. Tommy required as many as six transfusions of cryoprecipitate weekly, a very expensive and time consuming treatment. Using hypnosis as an adjunct therapy, Tommy learned how to manage his bleeds drastically decreasing his need for transfusions. This was a significant change for the family financially and in Tommy's improved mental and physical health.

Hypnosis was used in four ways. First, was ego-strengthening. Tommy was given suggestions that he no longer had to compete with his peer group to be accepted. Second, he was taught to recognize when he was bleeding into a joint very early. Early recognition of internal bleeding combined with increased self-esteem allowed him to stop what he was doing without embarrassment, decreasing the amount of injury. Third, Tommy used guided imagery to create cold at the site of bleeding to slow down blood flow. He also visualized faucets on his blood vessels that could be switched on or off. Fourth, he learned auto-hypnosis which enabled him to reinforce the post-hypnotic suggestions given by the hypnotist.

FACTORS THAT INFLUENCE HYPNOTIZABILITY

Concentration	The ability to concentrate is very important in adults, but less so in children.
Prestige	A person tends to trust a person that has credentials (A successful hypnotist has prestige).
Expectation	What the client is expecting to happen can either create success or failure.
Motivation	Knowing why a client wants to make a change is the door to success. It is their reward.
Imagination	The mind does not know the difference between what is happening or what is imagined.
Age	9-17 is considered the most responsive but the more I work with seniors the less I agree.
Analytical	A person who analyzes what is happening is an observer and not a participant in the same way we can play a sport or watch the sport taking place.
I Q	A normal IQ seems to be the best.
Senility	The senile person has the ability to enter trance, but is lacking the cognitions to respond.
Environment	The more relaxed and comfortable the environment the easier it is to relax and visualize.

RAPPORT AND SUGGESTION

If rapport is the fuel that is necessary to make hypnosis run, suggestion is the motor. You can put the motor in many different chassis but you still need a motor to run that chassis, and you will definitely need fuel to make the motor run. The better the fuel, the better the motor will run.

Emile Coue` in his book, *"My Method",* explains his belief that delivering effective suggestions was all that was needed to bring about change. He abandoned the notion of the hypnotic session, as we know it, in favor of going straight for the suggestion. As he dispensed medications, he would also dispense positive suggestion as the efficiency of the medication. He noticed that patients who received both medication and positive suggestion did better than patients who received the medication alone. Coue` also instructed patients to repeat a number of times each night before going to sleep, "Every day, in every way, I am getting better and better". This statement is the basis for the Silva Mind Control program for self-improvement.

A more modern example is *The Amazing Kreskin*. Kreskin, who prefers to call himself a "mentalist" rather than a hypnotist, bypasses most of the trapping associated with traditional hypnotism. Through his keen ability to build instant rapport and his remarkable delivery of suggestion, he has demonstrated to millions that people can do amazing things merely through suggestion.

The art of suggestion is the art of communicating with the subconscious mind. The effective formulation and application of suggestion requires a basic understanding of the operation of the mind and subconscious discussed earlier in the Brain and Mind section.
Rapport is one of the, if not the most important skills in interpersonal interactions. The concept of rapport is based on the notion that people like people who are like themselves and dislike people who are dislike themselves. When a person likes someone they are much more likely to work with that person.

So, how do we establish rapport with someone? There are half dozen key elements in establishing rapport. They are essentially the areas that will allow you to be more like the other person.

The First area is physically mirroring the subject. The idea is to copy, even if subtly, the subject's posture, gestures, expressions and other movements. You do not have to be right on top of the person's movements or cross your arms the second he or she crosses their arms. You will want to have a bit of a delay and while the closer you can copy their posture, etc., you can approximate their posture just as effectively. After you pace the other person's movements and posture for a while you can lead them. Try changing your posture and see if the other person follows. This is one way to check and see if you have established rapport.

The Second area is to match the subject's breathing. You can either pace someone's breathing by matching your breath to theirs or you can also do things like tap a foot in time with their breath. As with physical mirroring, after you pace the person's breathing for a while you can then begin to lead.

The Third area is to determine the subject's primary representational system and present information in the same representational system. As you pace the person's representational system you can lead them into other representational systems. When you lead a subject into a different representational system you effectively lead them into an altered state of consciousness.

The Fourth area is to match the subject's voice. This includes volume, tone, tempo, and the timbre (texture of their voice).

The Fifth area is to match the size and quality of the pieces of information the person presents. Persons who deal with large less detailed pieces of information will become frustrated when presented with smaller more detailed pieces of information. Conversely, a person who handles information in small detailed pieces will quickly become bored with someone who presents large general pieces of information.

Finally, common experience is the glue that binds us together. If we can relate to a person's experiences, beliefs, values and interests and show we have some commonality with them they are more likely to feel a bond to us. For some the ability to build rapport seems to come naturally and almost magically. The rest of us need to practice.

CASE Presentation - Migraine Headache

Jan weighed over two hundred and fifty pounds. During her first month of weekly hypnosis sessions she lost weight as expected. However, there was no additional weight loss noted at the end of her second month of therapy. When asked how she felt about no additional weight loss, her reply was quite a surprise. She was not concerned because she had not had a migraine headache since she began hypnotherapy. When Jan recognized the relationship of relaxation and the disappearance of her headaches her focus changed from losing weight to relief from her migraine headaches.

Future hypnosis sessions included suggestions that she no longer had migraines because she was eating properly and sparingly and for the nourishment of her body only. She was also given suggestions for confidence building. Confidence not only in what she had to do, but also in the things she needed to do; such as continuing to eat properly and exercising on a regular basis. She reported no headaches over the next four months and at the end of six months she had also lost approximately fifty pounds.

TRANCE

Trance is an enigma that has been the center of controversy since hypnosis has been practiced. One could define trance as, a subtle, natural shift in our awareness, which we experience naturally from time to time throughout the day. The important thing to remember is that "trance" is not necessary for a person to take in and act upon suggestions. Suggestions can be delivered and acted upon at any time.

Levels of Trance

Light Trance ("Hypnoidal State")

- Feeling of relaxation
- Can easily speak and respond
- Often not perceived as hypnosis

Medium Trance ("Alert State")

- Open to emotions and memories
- Partial regression possible (i.e. "seeing self as 5 years old")
- Very open to suggestion, able to have awareness in the past as well as in the present
- Deep Trance ("Somnambulistic State")
- Profound relaxation, lethargy, catalepsy, slurring of voice
- Amnesia possible
- Anesthesia possible
- Open to direct suggestion
- Total regression possible (i.e. "being 5 years old")

Very Deep Trance ("Comatose State")

- Breathing is very slow
- Complete anesthesia
- Highly suggestible

Aron's Six Stages of Hypnotic Depth

Stage 1

- Rapport
- Release of body tension
-

Stage 2

- Physical responses (heavy or floating feeling)
- Complete cooperation / Deep concentration
- Plane - Light
- 20% can get no deeper
-

Stage 3

- Complete body relaxation physical and mental
- Olfactory and taste changes
- Number block
- Aphasia
- Level - Medium
- 60% can go no deeper

Stage 4

- Partial amnesia
- Analgesia
- Glove anesthesia
- Automatic movements
- Level - Medium
- 60% can go no deeper

Stage 5

- Total amnesia
- Positive hallucinations (visual / auditory)
- Bizarre post hypnotic suggestions
- Level - Deep
- 20% can get this deep

Stage 6

- Total anesthesia
- Negative hallucinations (visual / auditory)
- Somnambulism
- Level - Deep
- 20% can get no deeper

Stages of Hypnosis are Directly Related to the EEG Brain Wave States of Consciousness

Beta State (13+ Cycles per second)

- Most rapid brain wave patterns as seen on EEG
- "Ordinary" awake state of consciousness
- Light trance can be experienced at lower end of scale

Alpha State (8-13 Cycles per second)

- Next lower range of brain wave patterns
- Light to medium trance states
- Light meditative state
- Dream/REM state

Theta State **(4-7 Cycles per second)**

- Third lower range of brain wave patterns
- Deep trance state
- Deep meditative state

Delta State (.5-3 Cycles per second)

- Lowest range of brain wave patterns
- Sleep state

Activities that can change brain cps

- Daydreaming
- Fantasizing
- Reflection
- Going within (meditating)
- Focused awareness
- TV/movie viewing
- Reading

FOUR PHASES OF HYPNOSIS

Complete a thorough interview before starting formal hypnosis (see 21 steps to a successful first session).

PHASE I: Induction

- Closed Eyes and Deep Breathing
- Progressive Relaxation
- Eye Fixation
  - Type A - Spot on Wall or Ceiling
  - Type B - Staring

PHASE II: Deepening and Maintenance

- Counting Backwards
- Downstairs
- Elevator
- Escalator
- Progressive Relaxation
- Rag Doll
- Pleasant Experience/Comfortable Position
- Silence
- Direct Suggestion

PHASE III: Utilization

- Direct Suggestions
- Metaphors
- Stories
- Praise
- Deepening

PHASE IV: Termination

- Counting Forward
- Automatic Termination

The four phases listed are a brief outline of the four basic parts of a hypnotic session.

The examples given are only a fragment of the possibilities available to enhance a successful hypnosis session.

The author has broken the session into 21 Steps for Success.

The more one takes advantage of the available literature, videos and trainings the more capable, comfortable and confident in creating a successful hypnotic experience for the client and themselves.

INDUCTION, DEEPENING, AND UTILIZATION

After the initial interview and orientation with the person, you must select a method of inducing hypnosis. This is determined by the rapport you have established with the person or by the suggestibility tests, if any were used. You will choose either a permissive or an authoritative approach. Once you have made these decisions, then proceed with the induction.

Once the person is relaxed, you may use deepening techniques in order for the person to achieve a greater degree of relaxation. This may be done in several ways and may overlap with the actual induction. The deepening techniques will vary from person to person, and the therapist should be able to switch from one method to another if the person is showing resistance. Learn to use methods that give you the best results. Carefully observe the person's body language, and by all means, let him know what you expect of him; talk on his level. Reassure the person that deep levels of relaxation are not always important and he will drift up and down in depth.

Suggestions may be given either in the conscious or the subconscious (hypnoidal) state. Always praise the person for his cooperation. Tell the person they will remember what is pleasant or necessary for them to remember regarding the relaxation or the hypnotic suggestions. Before bringing the person out of the relaxed state, always give suggestions of wellbeing, restfulness and happiness. You may want to establish signals that can be used in future sessions to deepen the level of relaxation or to speed inductions.

After the hypnotic session, discuss with the person his feelings and reactions. This is one method for you to evaluate your work and reinforce your post-hypnotic suggestions. Some objective and subjective observations for determining a person's depth in hypnosis are: Eye catalepsy, glove anesthesia, time distortion, tingling, numbness, heaviness, lightness, excessive salivations, eye fluttering, detached, imagery, color, emotions, tearing, and amnesia. Compare these to the Aron's six stages of hypnosis and the EEG brain wave cycles per second mentioned earlier.

The success of your session can be determined by (1) the comfort of the person during the session; (2) the duration and depth for relaxation; (3) the reaction of the person. Praise the person for his effort and cooperation. The degree of relaxation of both you and the person is important

Keep records on each person. Note the response to suggestions, the depth for relaxation, the person's feelings regarding the session; what pleased him and what did not. Review these notes prior to future sessions. Also, make notes of the person's progress between sessions. The more you learn and the more you observe about the client the better able you are to help them make better positive and healthy changes in a their life.

The I Don't Think I Was Hypnotized Syndrome

The most common remark you will hear after a person has been hypnotized the first time is, "I don't think I was hypnotized, I heard every word you said." The usual recourse for this is the therapist will try to prove to the person he was really hypnotized by performing one of the challenges such as the eye or arm catalepsy tests. Sometimes these tests do not work, even when the person was actually in hypnosis or relaxation, for the simple reason the person does not believe that the suggestion will work, so it does not. The wiser therapists therefore avoid challenges in therapeutic situations whenever possible, until they have some assurance the person's attitude (belief) is positive.

One method of proof or "a convincer" is to administer an indirect or disguised post-hypnotic suggestion. It works well because the person does not recognize it as a test, therefore has no opportunity to resist or disbelieve it.

Example: After a rather lengthy hypnotic session for a half hour or more, bring the patient out of relaxation as follows: "I am now going to return you to the normal state by counting from one to five. With each number I count, you will return back to normal very slowly and will feel very well in every respect. Every part of your body is functioning perfectly normal, both mentally and physically. You will feel very calm, very relaxed and very much at ease when you open your eyes on the count of five, which you will be able to do easily and quickly. You feel very refreshed and rested as a result of these last few brief minutes of deep hypnotic relaxation. It is amazing what a few minutes of hypnosis or relaxation can do for you. So now, with each number you will return slowly to normal. 1-2-3-4-5. As soon as the person opens his eyes say to them immediately: "Now tell me quickly, without thinking, how long do you think you were in this complete state of relaxation with your eyes closed?"

If the person is really in hypnosis, he will tend to estimate the time as much less than it actually was. This technique is called "time distortion" and is one of the most reliable indications the person was in hypnosis.

PROGRESSIVE RELAXATION

Progressive relaxation is an effective way to relax and reduce anxiety. By progressively concentrating on different areas of the body and imagining physical relaxation, mental relaxation will follow. Mental relaxation itself is an altered state and helps the mind and body to be more responsive to suggestions.

Five Critical Features of a successful relaxation and self-hypnosis:

1. Place: Find a quiet room where you can work undisturbed.
2. Position: To learn progressive relaxation, all parts of your body must be comfortably supported. Find a bed, a couch, or a recliner.
3. Clothing: Wear loose clothing.
4. Time: Designate about fifteen minutes daily. Try to schedule a fixed time every day so you won't forget to do your progressive relaxation.
5. Focus: Try to focus on the particular sensations that come from letting go of tension.

Case study - Plastic Surgery

Kathy, at forty-three, elected to undergo plastic surgery for a brow lift and laser exoneration of the face. She requested the procedure be done using hypnosis. In preparation for surgery, Kathy underwent weekly hypnosis sessions over a four-week period. She was also taught self-hypnosis and a relaxation tape was used to reinforce suggestions at home. During the pre-surgical hypnosis sessions Kathy proved to be only a moderately suggestible patient. The decision was made to use hypnosis as an adjunct therapy with local anesthesia. This was a major departure from the general anesthetic requested by the surgeon.

Post hypnotic suggestions using the technique of glove anesthesia were given for localized anesthesia about the face, neck and scalp. Suggestions were also given to incorporate all sounds heard and words said in the operating room to enhance a feeling of comfort and relaxation.

The surgeon and the operating room staff were also prompted on how to interact with the patient. Simple conditions like keeping the room quiet and saying encouraging words to the patient were requested. Staff were asked to refrain from asking Kathy unnecessary questions which might influence her ability to remain focused and in a relaxed hypnotic state during surgery.

Kathy was very happy with her experience and the surgeon who normally used general anesthesia on this type of patient asked if future patients could also use hypnosis with local anesthesia as an alternative to general anesthesia.

HYPNOSIS: AN ADJUNCT TO HEALTH PROMOTION

Also called Preventive Health

First Session in 21 Steps

Most people think of the hypnosis session in terms of the interview, induction, suggestions for issue and emergence. I agree. However, I have found that if I break the session down into all of its parts my client's successes are much more pronounced and rarely do I have someone who does not fully achieve their goal. The first session is made up of the 21 steps and I go through each step every time. After the first session you can decide which steps are needed and which can be left out of the following sessions.

1. Introduction
2. Charting Throughout
3. Intake, Basic, Suggestibility Questionnaire
4. Interview
5. Explain Hypnosis
6. Convincers - Lemon / Magnetic Fingers
7. Teach Proper Breathing
8. Ask – Do you know the time?
9. Pre-Induction – Environment, Move, Cough, You may wonder if you are hypnotized
10. Induction
11. Deepening Throughout
12. Imagery
13. Issues/ (Self Esteem, pain, weight, etc.)
14. Metaphors
15. Direct Suggestions
16. Post Hypnotic Anchor
17. Emergence
18. Self-Hypnosis Practice / Charting
19. Debrief / Take Homes
20. Next Appointment / Payment
21. Hypnosis Plan For Next Appointment

At the beginning of a session I discuss Coué's Laws and the Formula for Success mentioned earlier.

Formula For Success

$$\text{SUCCESS} = \frac{\text{WHY} + \text{HOW}}{\text{ATTITUDE}} \times \text{ACTION}$$

When I use this formula I ask, "What is the most important word in the formula?" What do you think it is? Most will say ATTITUDE and some will say ACTION and a few may say HOW, but rarely does anyone say WHY.

Think of WHY as being the motivation and without motivation there is no reason to find a HOW. Of course ATTITUDE is carrying the WHY + HOW on its back so if the ATTITUDE is bad then the WHY + HOW have no stability or endurance. Without stability or endurance there is rarely any action, let alone the ability to multiply that action.

Helping the client reveal their true motivation is a major step in helping them create their success.

The motivation, the reward and the expectation of achieving these aspects of hypnosis can make the difference in having a successful practice or not.

For the following specific client behaviors follow the 21 steps and you will be surprised at how successful your client will be.

Smoking Cessation or Tobacco Use

First question I ask is: **DO YOU WANT TO QUIT OR HAVE YOU DECIDED TO QUIT?** If they say I want to quit they are not ready. I may say when you have decided to quit call back and you will be surprised at how easy stopping smoking is using hypnosis

The most important part of the interview is to have the client acknowledge the most important benefit of giving up smoking or tobacco. I do not consider health or financial reasons the most important benefit. What will change in their life or what will they do differently? It is from this question that I create a foundation for creating scripts, suggestions, metaphors and imagery.

I also include as part of the interview the Surgeon Generals four warnings that are on cigarette packages.

1. **Surgeon General's Warning:** Cigarette smoking contains carbon monoxide. If you were standing outside beside the exhaust of a running automobile for 5 minutes, inhaling the fumes from that exhaust, or standing outside and smoking a cigarette, regardless of the brand for 5 minutes, you would get 300 times more carbon monoxide from the cigarette than you would from the car.

2. **Surgeon General's Warning:** "Smoking causes lung cancer, heart disease, emphysema, and may complicate pregnancy. Doesn't say maybe, or sometimes, or occasionally it causes these diseases."

3. **Surgeon General's Warning:** "Smoking by pregnant women may result in fetal injury, premature birth, and low birth weight."

4. **Surgeon General's Warning:** "Quitting smoking now greatly reduces serious risks to your health."

Benefits of Stopping Smoking

Within 8 hours:

- *carbon monoxide level drops in your body*
- ***oxygen level in your blood increases to normal***

Within 48 hours

- *your chances of having a heart attack start to go down*
- *sense of smell and taste begin to improve*

Within 72 hours

- bronchial tubes relax making breathing easier
- lung capacity increases

Within 2 weeks to 3 months

- circulation improves
- lung functioning increases up to 30 percent

Within 6 months

- coughing, sinus congestion, tiredness and shortness of breath improve

Within 1 year

- risk of smoking-related heart attack is cut in half

Within 10 years

- risk of dying from lung cancer is cut in half

Within 15 years

- risk of dying from a heart attack is equal to a person who never smoked

A smoker breathes in 300 times more carbon monoxide from one cigarette than from breathing car exhaust for 5 minutes.

I use Coue's Laws of Suggestion and the Success Formula and what the client has told me to create suggestions and metaphors to meet the client's personality and goals. The first stop smoking script is in the appendix.

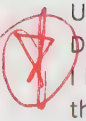
The most important thing to remember is to keep the sessions personal for the client by identifying their expectations, interest, most relaxing place and the reward they receive for stopping smoking.

My appointments are scheduled in blocks of 4-sessions; two sessions during the first week and the third session is scheduled seven to ten days after the second session. The fourth session is scheduled eight to twelve weeks after the third session. Suggest a follow up visit in six to twelve months after the fourth session. However, tell them if they do their self-hypnosis and listen to their CDs there may not be a need to return.

"Men do little from reason, much from passion, most from habit."

-- Dorothy Gates, Ph.D.

The addiction of nicotine in tobacco withdrawal time is about three days. With hypnosis the withdrawal symptoms for many is not even noticed. With others it can be seen as mild irritation, constipation and maybe some stomach upset. However, after three days of withdrawal from the addiction the person is still controlled by the smoking habit. Hypnosis is one of the best behavioral modification methods available for dealing with overcoming habits.



Unfortunately, habits for some take on the characteristics of an Obsessive Compulsive Disorder (OCD). To help people to better understand how to use hypnosis as a coping skill, I have them watch the video *What in The Bleep...Do We Know?* This video explains how the brain works and how thought influences our reactions to habit.

Weight Loss

Being overweight is the most common medical problem of this decade with as many or more collateral health risks as people who smoke or use tobacco. Hypnosis is proven to be a wonderful tool for working with obesity, however living in a culture that wants fast everything creates a problem for those who want hypnosis today and to be twenty pounds slimmer tomorrow. A good indicator of how people think about being overweight is evident in a YouTube selection titled *Eat Less Move More*. I highly recommend you Google or YouTube this humorous skit from Mad TV about weight loss.

Overweight and Obesity is a national public health crisis, and the problem is getting worse. In 2009 East Tennessee reported that 20% to 24% of the population was greater than thirty pounds overweight. In January 2012 that number rose to 49%. Unhealthy weight leads to a greater risk for several chronic diseases including heart disease and diabetes. Regular physical activity and good nutrition can help promote healthy weight and prevent chronic disease. Below are some simple ways to add value to your life by removing the burden of being overweight.

1. When you take in less calories than you eat YOU LOSE WEIGHT. You can eat less and exercise the same and lose weight. You can exercise more while eating the same as before and lose weight. It is best to both exercise more and eat less to lose weight more quickly. If you burn more calories than you eat you WILL lose weight.
2. Eat a light breakfast soon after waking. Those who do not eat breakfast gain an average of one pound a year.
3. Eat six small meals daily or three meals and three healthy snacks. This keeps your metabolism up and helps maintain healthy blood sugar levels. This will help you take off about one pound a month or twelve pounds a year and feel much more energetic.
4. Start the day with sixteen ounces of cool water. This is a great boost to the metabolism and will take off a pound a month. That's another twelve pounds a year.
5. Water intake on normal days should be one half your body weight in ounces. If you weigh 200 pounds you should drink 100 ounces of water a day. This is good for about one pound of weight loss a month or another twelve pounds a year.
6. If you eat as you normally do, but do not eat the equivalent of one cookie a day you will take off another pound a month. That decreases your calories by 150 a day and you will lose another one pound a month, which is another twelve pounds a year.

7. You know that walking is good for the heart – good for the soul, and very good for the waist line. A brisk twenty to thirty minute walk each day is another pound per month or twelve pounds a year.

8. Be careful of foods that are labeled light or fat free. They have increased sugar to maintain taste. Look for sugar free or no sugar added products. This is good for another pound a month.

9. Read labels – know what you are eating. You may be surprised at how easy it is to put something back on the shelf when you know how much sugar, carbs and fats are in it.

10. Stress reduction is so important for all around good health but in weight management it is essential. When stressed we crave sugar and salt, therefore beginning a stress management program for yourself is a major health savings benefit. Meditation, walking and listening to relaxing music are all great ways to relieve stress.

The above information is a good start in the client's interview. When using this and other information gained in the interview it is easy to script suggestions for the hypnotic session. I like to ask the client the following questions:

- What did you expect to happen today during the session? If what they think will happen is nowhere near what you are planning you have to create a hypnosis plan that is acceptable to both of you.
- What is your goal? Is it both believable and realistic?
- What are your hobbies or interests? You can develop my suggestions using this information.
- What do you do to relax or if you could take your favorite vacation where would you go? Have them be very detailed in their description?

Tell the client it is important to take a deep breath every hour and hold it for a few seconds. Tell them as you let it out imagine yourself a realistic and believable weight and pretend you are already that weight. What the subconscious mind possesses the body expresses.

Stress Management

Stress Management starts with learning to breathe using a proper abdominal relaxing breath. So often we hear people say "take a deep breath and relax". I am a nurse and have said this often myself. However, when I have asked people to do this I have observed that they throw out their chest, take a deep breath, clinch their jaw and tighten up the muscles in the neck and shoulders. Taking a breath this way is anything but relaxing.

What is happening?

When we take a breath that causes us to throw out our chest and tighten our neck and shoulder muscles it allows the body to respond by tightening up the stomach and pushing out the chest. This method causes the diaphragm to be pushed upward decreasing the size of the two lower lobes of the lungs as the upper lobes of the lungs expand. The problem with this breath is that less oxygen enters the lower lobes of the lungs. It is a problem because the two lower lobes of the lungs actually have more blood vessels and more alveoli (air sacks) than the upper lobes. Therefore, less healing and relaxing oxygen is getting from the lungs into the bloodstream and into the body. More tension is being developed in the neck, the shoulders and the jaw. This type of breathing results in more tension and stress.

Creating the relaxing breath

Breathing is natural and automatic so therefore we do not have to consciously take in a breath. We can turn a deep chest rising breath into a gentle relaxing abdominal breath. Simply follow these directions:

Gently push your stomach out. One way to do this is to place your hand on your abdomen and gently push your hand out using the abdomen. As you do, you will notice that you automatically breathe in. This happens because as you push your abdomen out you pull down the diaphragm which creates a vacuum sucking in air. You will experience the following steps:

1. The diaphragm drops down and the two lower lobes begin to open up filling with air containing oxygen.
2. The diaphragm stimulates the vagus nerve which travels through the diaphragm. The vagus nerve then activates anti-stress hormones which create relaxation and comfort.
3. Now gently take that abdominal breath again, but this time hold your breath for about three slow counts. By holding your breath you create a more efficient gas

exchange between the carbon dioxide, a stimulant, and oxygen a relaxant. The breath out is twice as long as the breath in.

The count: Breathe in for a count of three to five, hold for a count of three to five and out for a count of six to ten. A normal exhalation is twice as long as inhalation.

Why hold the breath? Holding the breath allows for a more efficient gas exchange between carbon dioxide and oxygen, a key factor in decreasing anxiety attacks.

Using this type of breathing may result in the following changes:

- Trouble sleeping? Three breaths at bed time and you can fall asleep easily as you say to yourself "I am asleep" repeatedly.
- Tension headache? Take the prescribed breath and imagine the oxygen flowing into your head. Breathing in relaxation and breathing out tension.
- Improve your immune system? Research has shown that relaxing breaths decrease Cortisol (stress hormone) and activate the immune system.

You can find a free "Total Relaxation" MP3 download at www.healthyvisionshypnosis.com under user free downloads.

Understanding Stress

To begin, let's look at what stress is. We'll also explore how stress can be positive and negative, and we'll look at the Triple A approach that will form the basis of this workshop.

What is Stress?

The Random House Dictionary defines stress as, "physical, mental, or emotional strain or tension," and, "a situation, occurrence, or factor causing this." The word "stress" actually comes from a Latin word meaning, "distress."

Stress can be difficult to pin down because it is a very individual thing. For me, public speaking is very stressful – but it may be one of your great joys in life. Remember that since stress is individual, your approach must be personalized, also.

Typically, we interpret stress as a negative thing, but it doesn't have to be that way.

See table for the positive changes that occur when you are in control of your stress.

1. You will feel better	12. You will be less irritable
2. You will look better	13. You will become more patient
3. You will think more clearly	14. You will be more promotable
4. You will accomplish more	15. You will build your risk-taking quotient
5. You will produce more accurate work	16. You will be less controlled by anger
6. You will get more positive recognition	17. You will be a better decision maker
7. You will go home with more energy left	18. You will appreciate hobbies more
8. You will contribute to the wellbeing of others	19. You will blame less
9. You will improve relationships	20. You will sleep better
10. You will I sense inner peace	21. You will wake up more refreshed
11. You will have more time	22. You will have more time

What is Eustress?

"Eustress" means stress with a positive effect. It was coined by psychologist Richard Lazarus in 1974.

How can stress be positive? Think of the emotional strain caused by these positive events:

Winning a race
Being a new parent
Riding a rollercoaster
Watching a scary movie

In these situations, the physical, mental, or emotional strain actually produces positive emotions, rather than the negative emotions usually associated with stress. Without distress or eustress, life would be a pretty boring ride!

What the Mind Possesses the Body Expresses

Which means, when you change your thinking, you change the hormone release of the brain, which changes the behavior (stress).

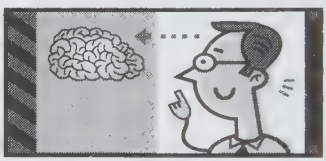
Understanding the Triple A Approach

In this workshop, we will give you three main ways to approach stress. It is important to remember that you have a choice! You can choose to:

Alter the situation or your approach to it.

Avoid the situation.

Accept the situation.



Changing Perceptions

Hypnosis allows the person in stress to let go of stress causing fear or worry and be better able to accept coping skills to alter, avoid or accept stress situations.

Altering the Situation

Now that we have the basic building blocks of a stress-reduced lifestyle, let's talk about how we deal with stress.

We've heard the saying, "A leopard can't change its spots", but we would like to disagree. When dealing with stress, there are often many ways you can change your approach or the situation to make it less stressful.

We can change our perception. Changing the way we think about a given situation changes the way we respond to it.

- Changing perception does not mean that the problem is not real, but rather that we are going to alter how the problem affects us.
- Perception is reality and is truth to the brain

Avoiding the situation is appropriate if:

- Repercussions are non-existent or extremely minor
- Other people are not negatively impacted

Do not use this approach if:

- Avoiding the situation will cause more stress in the long term than the short term (for example, avoiding the dentist or doctor's office).
- Avoiding the situation will transfer the stress to someone else.
- Avoiding the situation will negatively impact your health and/or safety.

Accepting the Situation

Benjamin Franklin once said, "In this world nothing can be said to be certain, except death and taxes." Our final A will help us cope with those things that cannot be changed.

Accepting the situation helps us deal with those things in life that just need to be done, even though they are unpleasant. Accepting the situation as it is, and being as positive as possible about it, is what this third A is all about. You can even use some of the principles from the first A to alter your attitude and make the situation a little less stressful!

Hypnosis by putting the imagination to work allows us to benefit from mindfulness training, relaxing music, meditation, hypnosis and self-hypnosis. Those who use these techniques feel better, sleep better and look better.

Childbirth

Patients who have utilized hypnosis as an adjunct in their preparation for childbirth experience a number of benefits. These benefits include reduced pre-labor anxiety and an enhanced sense of control over the birth of their child. This is a very important benefit. Given the natural course of labor and delivery, the reality is that the patient is not in control over what's happening to her and that it is not only anxiety provoking but can also be depressing. Having an anxious and depressed mother-to-be can hamper the delivery and recovery process. Hypnosis is beneficial during pre-delivery because it demonstrates to the patient that she can provide herself an intervention to enhance both delivery and post-partum comfort, healing and recovery which may reduce the need for post-delivery medication, and post-partum depression is virtually non-existent.

Hypnosis is easily used with other birthing techniques including Lamaze, Bradley, Grantly Dick-Reed, C-Session and Chemoanesthesia. Its value lies in that it is noninvasive, reduces chemoanesthesia, aids in controlling nausea and vomiting, and preserves the mother's strength. Research has shown that hypnosis prevents premature labor by prolonging pregnancy by 18% and decreased hospitalization for pregnancy induced hypertension (PIH) by 50%. C-section during labor with hypnosis for childbirth is less than 5%.

Why such a dramatic change with hypnosis? Fear and anxiety are the underlying causes of Catecholamins released in large quantities during labor, which causes resistance. Resistance causes pain. Fear can come from many places including family, friends, TV or a comment like "now you will get your pay back for what I had to go through".

Hypnosis and Suggestions During Childbirth

- Reduces undesirable postoperative effects.
- Controls painful uterine contractions
- Enhances post-delivery recovery
- Increases resistance to fatigue and exhaustion
- Allows mother to experience the delivery

The simple ability to relax during labor and delivery makes all the difference in the comfort of the birthing. I have used hypnosis as a stand alone or in conjunctions with epidurals and spinals in over 500 births. I am always amazed at how hypnosis allows the mother, father and baby to have such a comfortable, wonderful bonding experience.

Pain Management

"Words are tools - Keep them positive" – Florence Nightingale

Semantics & Hypnosis

Negative Words	Positive Words
– Hurt or pain	– Discomfort or uncomfortable
– Doctor is cutting	– Incision or getting started
– You're going to sleep	– Take a nap
– Labor pains	– Contractions or labor process
– It won't be long.	– In a short time
– Are you having pain?	– Are you comfortable?
– You won't be sick.	– You are hungry
– Little bee sting	– Feel a little pinch

Case Presentation - Coccygodynia

In the same week two patients presented with Coccygodynia (painful coccyx/tail bone). The first, a female diagnosed with coccyx dislocation during childbirth eighteen months earlier. Her pain continued for the 18 months since giving birth. She was a single parent and would not take pain medication because she was afraid she would not hear her daughter during the night.

During the first session she proved to be an excellent subject. A basic progressive relaxation induction was used deepened with guided imagery and creative visualization. She was taught self-hypnosis, given suggestions for self-esteem, and color therapy imagery. During the second session glove anesthesia was incorporated with a dramatic response. She has not had pain since her first hypnotic hypnosis session.

Since her initial visit for coccygodynia she has had two surgeries. The first was a ganglion cyst excision using only glove anesthesia as the anesthetic technique. The second surgery was a bilateral breast reduction mammoplasty using minimal general anesthesia. She required no postoperative pain medication and had no post-operative nausea/vomiting.

The second patient, a middle aged man, was less suggestible. Even though an adequate subject he was not as hypnotizable as the female patient. He did not produce glove

anesthesia and only reached a light stage of hypnosis. During the fifth visit he was requested to see his pain as having form and that he was able to talk to it and it could talk to him. Upon emergence he stated, "My job has been a pain in the ass ever since I took it", at which time he realized that the pain started only a short time after transferring to his present position. He has experienced no more pain in the....

Hypnosis for Acute and Chronic Pain Control

In 2000 the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) put into place a new standard for managing pain that opened the door to complementary therapies. This standard became known as the "5th Vital Sign." Vital Signs are taken seriously; therefore, if pain is assessed with the same zeal as other vital signs, it has a much better chance of being treated properly. So by training doctors and nurses to measure pain as a vital sign, quality of patient care improves.

Why Hypnosis?

RI.1.2 Section of the JCAHO Standards calls for patients to be involved in all aspects of their care and requires that they be provided with a statement of their rights. They are given information about pain and pain relief measures that are available to include a **special emphasis on non-pharmacological methods of pain management**. Because of these standards many hospitals, such as Columbia, Harvard, and Yale along with freestanding pain management centers, provide complementary care as a part of their pain management programs. Hypnosis, Acupuncture, Massage, and Biofeedback are the standards for these clinics. However, hypnosis, as evidenced by its multi-century history, is one of the first and most enduring modalities in the management of organic pain problems.

In proper perspective, hypnosis may not only relieve pain, but may also help to maintain the dignity and the well-being of the patient without dependence on large quantities of medication. Hypnosis is evidenced based. Hypnosis works!

When one considers JCAHO standards along with the National Institutes of Health research which revealed that over 41% of the population in 1995 used some form of Alternative or Complementary Care, and the fact that as early as 1990 Americans invested over 13 billion dollars in alternative/complementary therapies that "lack scientific evidence" it is easy to understand why JCAHO placed an emphasis on non-pharmacological pain management methods. This emphasis on non-pharmacological management opened up a huge untapped market, which became the target of hospitals and pain centers across the country and a great opportunity for those of us trained in the complementary therapies.

What is Pain?

According to the American Pain Society (APS), pain is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage."

Pain can be sorted into three main types:

Acute pain alerts you that something is wrong with your body. Infections, injuries or cancer are common causes of acute pain. A variety of treatments are available for acute pain. Acute pain generally is relieved when the problem causing the pain is treated medically or surgically.

Chronic pain is a long-lasting discomfort that has no relation to warning of danger and leads to a major change in a person's ability to function. Arthritis pain and low back pain are examples of chronic pain.

Cancer pain is a side effect of cancer. Cancer pain should be aggressively treated whether the cancer is treatable or not.

The challenge of acute pain management, according to the American Pain Society, is that about 23 million surgeries occur in the U. S. annually, and only about one in four or 25% of post-surgical patients receives adequate pain relief. To this number add another 65 million Americans who receive traumatic injuries and another two million burn cases that receive inadequate pain relief and you have an overwhelming number of individuals in need of help. As previously stated, hypnosis is evidenced based with a proven history. It can be used as an adjunct in a multidisciplinary setting or as a stand-alone therapy in pain management.

Case report: A patient was referred to the author after being disabled for two years with a complaint of continued chronic cystitis pain following a total abdominal hysterectomy. Prior to the start of hypnotherapy she was admitted to the hospital for three days of narcotics detoxification. After emerging from the first hypnotherapy session she dramatically asked. "Why didn't they send me to you two years ago? My pain is gone!"

The second hypnotherapy session was scheduled for two days later while she was still in the hospital completing her narcotic detoxification program. During the pre-induction interview she stated that she had not had pain since the first hypnotherapy session. The second session consisted of reinforcement of the suggestions from the first session with the addition of glove anesthesia with instruction and practice of self-hypnosis. Her third visit was scheduled with a plan to demonstrate self-hypnosis for induction followed by the use of regression to cause.

She was regressed on the third visit and requested to talk to the area that had caused her discomfort in the past and to give it form or shape so that she could carry on a conversation with it. The reason was to ask the area if the past discomfort had a purpose, and if so, what was it? If it did not have purpose, then was it willing to let go and not return? More importantly, she was allowed to ask the cells in that area to regress themselves and instruct the cells to remember what they felt like prior to the start of the discomfort. The purpose was to recreate and to imprint the memory of feeling comfortably normal into the affected cells. She was given the option of sharing the information with the author only if it was her decision to do so.

Upon emergence, when asked if she minded sharing her communication with the area of past discomfort she described the following. "During my surgery I heard talking and someone said, 'I bet that really hurts.' It was not my doctor who said it. I would have recognized his voice, but I did hear it said." She woke up in the Post Anesthesia Care Unit (PACU) in pain that went unrelieved until her hypnotherapy two years later.

This is one case of many involving implicit memory. (Implicit memory is a subconscious memory that the body responds to, but the conscious mind is unaware of). By knowing the cause and by recreating normal cell memory in that area, the pain no longer had a reason to send pain messages to the brain. It has been four years since her last hypnotherapy session and she is still pain free.

Studies from the University of Tennessee Medical School showed that 80% of surgical patients hear conversations during surgery, and have implicit memory (a subconscious memory that one responds to, but has no conscious recollection of). This memory can be either negative or positive. The above case is an example of a negative outcome from an implicit memory). Making statements to the patient during surgery to the effect that they will wake up feeling more comfortable than they thought they would, creates a very positive response with increased patient satisfaction.

Patients with pain problems may be regressed to a period prior to the onset of their pain (Crasilneck 1985, 1993). Usually the pain abates and the patient becomes aware of freedom from discomfort. In addition this therapeutic maneuver may allow the therapist to attain an understanding of what the pain means to the patient while at the same time allowing the patient to gain insight into whether the pain is either reward or guilt based. Wain (1992) advocates the use of age regression to resolve many problems. It allows control of the pain prior to its inception and permits the patient to understand the psychological control he has over his pain, thus decreasing anxiety and fear so often present in this type of patient.

The Challenge of Managing Cancer Pain

There are about 800,000 new cases of cancer that occur annually in the U.S. At the time of diagnosis, 35-40% of the cancer patients experience moderate to severe pain. By the time they become advanced there is a 50% increase roughly to 75% that experience pain. Unfortunately only about 30% of cancer patients with pain get adequate relief. Complementary therapy, specifically hypnosis, can greatly empower pain patients, drastically enhancing their quality of life by decreasing pain while at the same time improving wellness and healing.

Several characteristics make hypnosis particularly useful in the management of the cancer patient.

First, for the responsive and motivated patient, the relaxation and release from physical and emotional stress can be prompt and profound, without the unpleasant side effects associated with drugs.

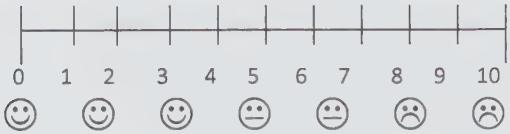
Second, hypnosis is self-contained and completely portable – once a patient masters self-hypnosis or learns how to enter hypnosis easily with another's assistance, he or she can produce the beneficial effects under varied conditions almost anywhere.

Third, post-hypnotic suggestion can be used to augment treatments, facilitate re-entry into hypnosis, decondition the patient to anxiety-provoking situations (such as blood drawing, spinal taps, MRI scans, etc.), and prolong the benefits of hypnosis long after formal hypnosis has been terminated.

Hypnosis and guided imagery are sanctioned by the National Institutes of Health (NIH), which state that there is evidence that hypnosis is effective in alleviating chronic pain associated with various cancers.

Case report: The author was requested to see a newly diagnosed late stage lung cancer patient who was getting no relief from morphine. After her first hypnotherapy session, her pain assessment and measurement drastically dropped from a nine (9) on the JCAHO pain scale to a three (3) on the same scale. The scale was redefined to the patient as the comfort scale, 0 being very comfortable and 10 very uncomfortable. (See pain scale below). Over the next weeks and into the next year she was able to take radiation and chemotherapy without nausea and vomiting. She was able to tolerate the long hours in oncology using hypnosis tapes, self-hypnosis and time distortion. During radiation therapy she never lost her hair. The quality of life for this cancer patient went from an expected few weeks to over a year of quality pain free active living.

Pain Scale 0 is comfortable – 10 the most uncomfortable one has ever been.



The Challenge of Managing Disabling Chronic Pain

More than 50 million Americans are partially or fully disabled by chronic pain. Of these, four in ten with moderate to severe pain do not have adequate relief. Twenty-six million have frequent or persistent back pain while one American in six has painful arthritis. This kind of pain contributes to impaired ambulation, sleep disturbance, and depression.

The response to chronic pain becomes so devastating for some people that they contacted Dr. Kevorkian (known for helping pain patients commit suicide) at the rate of over one thousand per week seeking his help in taking away their suffering. They see him as an option for pain relief. Because pain patients often are told they will have to live with their pain, which leads them into conflict. They believe if they give up their pain they will die, or, alternatively, the only way to rid themselves of their pain is to die. Hypnotherapy is an effective aid in reframing these thoughts.

The challenge of pain management is not only an individual issue, but now JCAHO is defining it as an organizational issue, especially when you consider the cost associated with mismanaged pain, which is indirect and often unrecognized. When pain is unrelieved it causes needless suffering, extends hospitalization, provokes Emergency Room visits, and increased physician consults. Unrelieved pain, if mismanaged, may cause partial or complete disability and certainly diminishes patient satisfaction. In fact, the NIH concludes that hypnosis can also be a part of the treatment program for irritable bowel syndrome, inflammatory conditions of the mouth, temporomandibular disorders, and tension headaches.

In 2000 The Joint Commission created an organizational commitment to pain management by placing an emphasis on:

- Collaborative and interdisciplinary approach to pain management
- Individualized pain control plans
- Assessment and frequent reassessments with appropriate documentation
- Emphasizing non-pharmacological approaches to pain management
- Establishment of a formalized approach to pain management

The intention of the new JCAHO pain standards, known as the "5th Vital Sign" is to institutionalize pain management by putting the responsibility on health care facilities to make sure that patients have a right to appropriate management and assessment of their pain; and that there is a plan of support and coordination of staff that is properly educated in assessment and use of analgesics with an **emphasis on the use of non-pharmacological pain management methods**. Many health care centers around the country have created centers of complementary care to help deal with pain. The author consulted and trained hypnotherapists for complementary care at Naval Medical Center Portsmouth, Obici Hospital of Virginia, Naval Hospital Camp Lejeune, Kaiser Permanente of Portland, Oregon, and Naval Hospital Beaufort, SC.

In conclusion, JCAHO has opened opportunities to us as hypnotherapists to offer an adjunct to hospitals and pain center-based therapies by implementing services for both individual and group encounters. The hypnotist can provide programs in stress management, relaxation exercises, self-hypnosis, guided imagery, tobacco cessation, weight management and healthy lifestyles classes. All of these possibilities enhance the patient's ability to manage pain and improve response to other pain management methods. CPT and ICD-9 codes have been revised and make it possible for these institutions to bill for services of non-licensed individuals trained in hypnosis. Hypnosis sets the standard for complementary therapies and is the benchmark for preparing patients for surgery. To take advantage of this opportunity, contact the pain center or hospital near you. They have a need, you have a service, and JCAHO decrees that patients who can control their pain can control their life.

HYPNOSIS AND ANESTHESIA

Hypnosis has been a part of medicine throughout the centuries. It was found to be an effective method of inducing anesthesia long before the existence of chemical anesthetics. Anesthesia, as well as medicine in general, is a combination of art and science; equally so is hypnosis. In order to use this method of anesthesia more effectively, it is important for the anesthetist to understand that hypnosis is a method or technique, not an anesthetic agent.

Toward the end of the nineteenth century, there was no longer any question as to the reality of hypnosis, and its use in producing analgesia and anesthesia. Historically, natural or hypno-anesthesia preceded chemical anesthesia by approximately twenty-one years.

The first operation using hypno-anesthesia reported in the United States was a nasal polypectomy, performed thirteen years before Crawford Long started using ether as an anesthetic agent. To date, virtually every body cavity has been entered and almost every organ has been operated upon using hypno-anesthesia. Only recently, valid reports of operations performed under hypno-anesthesia made the nightly news.

Hypno-anesthesia should not be considered a replacement for chemical anesthesia. Not all patients can be hypnotized as easily as they can be anesthetized. Nevertheless, hypnosis is a method which can be very useful to the anesthesia clinician before, during, and after a surgical procedure.

An ideal anesthetic combines the use of hypnotic techniques with reduced doses of chemical anesthetic drugs. Propofol, Sodium Thiopental, Versed, and Etomidate are classed as hypnotics. These anesthesia induction medications when given slowly in combination with post-hypnotic suggestions greatly enhance patient recovery from both the anesthetic and the operative procedure. The combination of pre-surgical hypnosis and chemical hypnosis at the time of anesthesia induction greatly reduces depression of the cardiovascular, pulmonary, renal, and hepatic systems.

Medhmet C. Oz, M.D. of Columbia-Presbyterian Medical Center routinely offers hypnosis to his open-heart-surgery patients to reduce anxiety before the procedure. In contrast to chemical anesthesia, hypno-anesthesia has the advantage of being completely safe and harmless to the patient. The disadvantage of using this method is time. In order to use hypnosis as the sole and total means of anesthesia or even as the major portion of the anesthetic procedure, more time is generally required than just the pre-anesthetic visit or phone call.

Though it may very well be the method of choice for many patients, it is not often used because most patients are not aware of hypnosis as an alternative or adjunct to their care.

Also, medical personnel are not trained in alternatives such as hypnosis, and those trained do not want to spend the time required for conditioning the patient prior to the proposed procedure. The advent of epidural anesthesia for labor and delivery has also had a great impact on patient motivation toward both Lamaze and hypnosis for childbirth. If the patient is disinterested the physician follows suit. In addition, the basic induction of hypnosis can require as long as fifteen to thirty minutes.

Intra-Operative suggestions reduce incidence of post hysterectomy emesis.
JPMA 1997 Aug; 47(8): 202-204.

"Anesthetized surgical patients with direct physiological suggestions, were associated with doses of post-operative analgesics which were very low." "A reduction in the need for post-operative urinary catheter."

Consciousness Awareness and Pain in General Anesthesia. M.Rosen and J. N. Lunn, 1987 Butterworths and Company, p.135.

Positive therapeutic suggestions may be considered as an alternative to antiemetic therapy.
JAMA 1997 Aug; 47(8): 202-204.

Positive Intraoperative suggestions significantly reduce patients' morphine requirements postoperatively.
BMJ 1990 Oct 6;301(6755):788-90

LEGAL CONSIDERATIONS FOR HYPNOTISTS

Hypnotherapists face a number of legal considerations in their practice. An issue that frequently arises is when a hypnotherapist, either inadvertently or purposely makes claims about their ability to cure a particular illness. There have been many occurrences of subjects experiencing miracle cures including everything from the spontaneous remission of cancer to restored hair growth, etc. It is best to look at these occurrences as delightful by-products of our work rather than the objective. Most hypnotherapists who are charged with some form of misconduct are usually charged with "practicing medicine without a license." A good thing to remember is diseases are cured and people are healed. Most states have a Medical Practices Act that has been judged by the courts to be sufficient to protect the public against the misuse of hypnosis.

So, how do we work with someone, who comes to us with some sort of physical illness, for example, headaches? The first thing we would want to do is inquire if the person has been to their medical practitioner. If the person has not been seen by their medical practitioner it is wise to refer them to be seen initially. If the person has been seen by a medical practitioner get the person's permission to speak with the practitioner so you may work together. In most places this requires the person's written permission, usually in the form of a "release of information." If a person has not been to see a health care practitioner and refuses to do so you can still work with them but it is advisable to document the attempt to refer. More often the case is the person has been to physician after physician with no relief. When you work with someone surrounding a physical ailment you will want to focus your work on the person's emotional issues and around the ailment rather than do things like symptom removal. Physical symptoms, like pain, are our body's way of telling us that something is amiss. If you simply remove the symptoms the problem will still be there, and possibly be allowed to progress unchecked because the body's "alarm system" has been disabled. You may find as you work with a person and resolve emotional issues around the illness, their physical symptoms may clear up on their own as may the illness itself.

Another legal consideration that hypnotherapists face is the implications of touch in their practice. While there are hypnotherapists who use a total hands off approach, there are many therapeutic techniques that do use touch or laying on of hands. Some inductions use touch or body manipulation. Some hypnotherapists will use touch in the anchoring process. Some therapist incorporate techniques such as psychodrama or Reiki into their sessions. In most states, however, it is illegal to touch or lay hands on your client/patient unless you are a physician, nurse, licensed massage therapist, or an ordained minister.

If you decide to use touch in your practice, it is important to explain to your client exactly how and under what circumstances you use touch. You will also need to secure their permission. It is equally important to let the client know that they are able to revoke their

consent for you to touch them at any time. They may have given you permission at the beginning of the session, but an issue could be uncovered in the session that may cause the client to be uncomfortable with being touched. This is not an uncommon occurrence, especially when working with abuse issues. It is also important to let the person know when and where you are about to touch them.

NATIONAL INSTITUTES OF HEALTH

NIH PANEL ENCOURAGES WIDER ACCEPTANCE OF BEHAVIORAL TREATMENTS FOR CHRONIC PAIN AND INSOMNIA

An independent panel convened by the National Institutes of Health today encouraged wider acceptance of behavioral and relaxation therapies for treating chronic pain and insomnia and emphasized the need for broader use of these therapies in conjunction with conventional medical care of these disorders.

Millions of Americans are afflicted with chronic pain and insomnia—two conditions with psychosocial and behavioral characteristics. The suffering and disability from these disorders result in a heavy burden for individual patients, their families, and their communities as well as the loss of billions of dollars to the Nation as a consequence of disability and lost productivity.

Conventional treatments for these disorders have focused on medical interventions such as drugs and surgery, which have had limited success. However, incorporation of behavioral and relaxation techniques have been used to enhance conventional therapy. "Integrating behavioral and relaxation therapies with conventional medical treatment is imperative for successfully managing these conditions. Matching the therapy to the illness and the patient must be our goal," said panel chair Julius Richmond, M.D., the John D. MacArthur Professor of Health *Policy Analysis Emeritus at Harvard Medical School.*

The 12-member panel found strong evidence that relaxation approaches are effective in treating a variety of chronic pain conditions such as low back pain, arthritis, and headache. Relaxation techniques involve the practice of two basic components: a repetitive focus on a word, sound, prayer, phrase, or muscular activity, and neither fighting nor focusing on intruding thoughts. When done properly, relaxation therapy can lower one's breathing rate, heart rate, and blood pressure.

The group stated there was evidence that hypnosis is effective in alleviating chronic pain associated with various cancers. Hypnosis can also be a part of the treatment program for irritable bowel syndrome, inflammatory conditions of the mouth, Temporomandibular disorders, and tension headaches, the panel concluded patient must be our goal," said panel chair Julius Richmond, M.D., the John D. MacArthur Professor of Health Policy Analysis Emeritus at Harvard Medical School.

CONCLUSION

Hypnosis has been shown to be an effective tool for all specialties of the health care profession. The following are some of the practical applications of hypnosis.

1. To overcome fear, apprehension and anxiety so as to reduce the tension associated with anticipated anesthesia and surgery
2. For sedation, either in conjunction with, or as a substitute for drug medication
3. To increase patient cooperation and create peace of mind
4. To produce analgesia and/or anesthesia by reducing the total amount of, or replacing, chemical anesthetic agents
5. To make for a more pleasant and comfortable post-operative period
6. To permit the use of post-hypnotic suggestions:
    a. reduce incidence of post-operative nausea and vomiting
    b. encourage deep breathing and necessary coughing
    c. raise the pain threshold thereby reducing the need for narcotics
    d. encourage earlier fluid intake
    e. increase urinary output
7. To produce amnesia of the procedure
8. To establish better morale, thus motivating the patient toward a faster recovery

Hypnosis can be used as the method of anesthesia for any surgical, obstetrical, or dental procedure for almost any age group. It is useful in emergency rooms for minor surgical and orthopedic procedures, especially when the patient has just eaten a heavy meal. When utilizing hypnosis for major procedures, it proved more beneficial when used as an adjunct to chemical agents.

How does the anesthetist actually decide when to use hypno-anesthesia? The decision is usually made for him; it is resolved by the attitude of the patient and the attending physician. All available information regarding the patient's mental and physical condition and the planned procedure must be carefully evaluated. The final determination is made exactly as it would be if chemical anesthesia were to be used.

From all this, it would appear that hypnosis is an ideal method of anesthesia for most operations. Why is it not used more widely? The answer is that although the technical aspects of inducing hypnosis are easy to learn, successful induction and maintenance of

hypno-anesthesia depends largely upon the interaction of many factors in the personalities of the patient and the hypnotherapist. These factors are little understood at the present time, and many of them are not understood at all. Likewise, Sodium Thiopental has been around for a lot of years and the exact mechanism of action is still not completely understood, however, it is still used.

Hypnosis is a valuable addition to the methods and techniques available to all health care providers. It is a safe and uncomplicated method of anesthesia, to be used only by competent, skillful, and ethical anesthetists within the limitations of their specialty and in the best interest of the patients. Ideal anesthesia can be achieved by combining hypnotic techniques with safer, smaller doses of chemical hypnotic anesthetic agents.

Instruction in the use of hypnosis should be included in all health care training programs. As more people become educated in the subject, it will become more readily and widely accepted.

APPENDIX 1 MEDICAL HYPNOSIS AS AN ADJUNCT TO ANESTHESIA

A Review of Current Practice and Potential

Angela Studer, RN, BSN, SRNA
Carolinas Health Care System Nurse Anesthesia Program
University of North Carolina at Charlotte
Printed by permission

The ability to comfort a surgical patient is one of the most rewarding aspects of the field of anesthesia. We do this every day with a gentle tone of voice, soothing words, a reassuring touch and we even augment this comfort chemically with the medications we administer. Medical hypnosis can take this desire to comfort our patients one step further by imparting the practitioner's expectation of a smooth surgical course and positive outcomes into the mind of a patient while in a heightened state of receptivity. T. Connelly, the editor of Hypnogenesis, an independent online journal writes, "There is magic in the mind but it is only to be found in *your own mind*. With hypnosis, hypnotherapy and even self-hypnosis we can begin to use that magic for our own good." (2007).

Contemporary healthcare practitioners continue to acknowledge that the mind and body interact. It has become well-accepted that the mind and body are integrated parts of a whole and a change in one part affects the other. This relationship has led to some intriguing areas of research in the field of medical hypnosis and hypnoanesthesia.

Hypnosis is a normal state of both physical relaxation and simultaneous highly-focused attention or concentration. Hypnosis allows patients to direct their attention towards specific problems and more importantly – their resolutions. Hypnotherapy is the use of hypnosis to effect positive changes or to improve the quality of life. When hypnotherapy is used to assist the body or mind to heal, achieve wellness, or to reduce or alleviate unwanted symptoms of a medical pathology, it is called medical hypnosis.

Other definitions have been posted. Stewart (2002) writes that "hypnosis involves the induction of a state of mind in which a person's normal critical or skeptical nature is bypassed, allowing for acceptance of suggestions. This state of heightened receptivity for suggestions is developed with the cooperation of the patient and is followed by the delivery of positive suggestions." More specifically, Montgomery (2002) tells us that hypnosis is "a situation or set of procedures in which a person – designated as the hypnotist, suggests that another person – designated as the patient, experience various changes in sensation, perception, cognition, or control over motor behavior."

Medical hypnosis has had a long history in the field of healthcare, dating back to at least the 1700s. In 1778, the Austrian physician, Franz Anton Mesmer was utilizing a technique which he called "animal magnetism" for various forms of medical benefit. In the 1800s, Elliotson (a knighted president of the Royal Medical and Surgical Society in London), Parker (a noted surgeon in Dublin), and Esdaile (a Scottish surgeon) simultaneously reported the success of hundreds of surgical procedures utilizing "mesmerism anesthesia" as the sole anesthetic. (Defechereux, 1999). The concurrent discovery of ether and chloroform in 1846 and 1847 respectively, overshadowed interest in these less tangible mechanisms of pain relief.

Although medical hypnosis has not continued to be pursued as a sole anesthetic with the fervor that it once was, it does continue to be practiced widely today as an adjunct to anesthesia. Since 1958, the American Medical Association has recognized hypnosis as a safe, legitimate therapeutic modality used to treat medical and psychological problems. Current trends in the literature tend to indicate that there are at least two areas of increased interest with regard to medical hypnosis. The first area deals with the myriad of benefits that medical hypnosis can provide. Evidence shows that medical hypnosis can simultaneously reduce costs, decrease unwanted problems or side effects, as well as enhance desired outcomes. The second pairs this field with our burgeoning technology. One specific area which has piqued the interest of investigators is the increasing sophistication of neuroimaging studies which demonstrate the areas of the brain affected during hypnosis (Patterson, 2003).

Frequently the medical conditions that are most easily treated with hypnosis are dysautonomic problems. These are conditions that result from a dysfunction of the autonomic nervous system, which is the part of the brain that controls such bodily functions as blood pressure, heart rate, internal temperature and digestion. This phenomenon explains studies which tout medical hypnosis as reducing post-operative nausea and vomiting, decreasing bleeding, as well as decreasing heart rate and blood pressure surges that accompany anxiety. Alleviation of the sensation of pain is also a well-documented outcome of medical hypnosis.

There are many factors that have been shown to have favorable outcomes with hypnoanesthesia. Defechereux (1999) demonstrated that patients who used hypnosis as an adjunct to anesthesia for endocrine cervical surgery had improved satisfaction with their anesthetic experience ($p<0.001$, $n=337$). Lang (2000) reported an increase in hemodynamic stability intraoperatively ($p=0.0009$, $n=241$). Defechereux (1999) also found less post-operative fatigue and a higher level of post-operative strength ($p<0.001$, $n=327$). There has also been shown to be a reduced time to resumption of the activities of daily living as evidenced by this study. Lang (2000) found that patients having hypnotherapy had a reduced length of procedure (61 minutes vs. 78 minutes, $p=0.0016$, $n=241$). Increased uterine tone (use of Pitocin 2 vs. 6) and decreased Neonatal Intensive Care Unit

admissions (1 vs. 5) were two of the benefits attributed to hypnoanesthesia for labor and delivery as demonstrated by Martin et al (2001).

The four factors most frequently appearing in the literature which seem to be favorably affected by hypnosis as an adjunct to anesthesia are pain, anxiety, time to discharge and post-operative nausea and vomiting. These are arguably the most bothersome side-effects and/or complications of either surgery or anesthesia. A reduction in these negative sequelae would likely increase patient safety, increase patient satisfaction and decrease cost.

Pain is one of the fundamental results of surgery that anesthesia has been developed to overcome. Medical hypnosis is a logical adjunct to our profession to lessen pain. Tsao and Zeltzer (2005) reviewed the literature regarding hypnosis as a remedy for chronic pediatric pain and found that this form of complementary medicine approach was an effective means for reducing pain in the pediatric population. In Martin et al's 2001 study of hypnosis among adolescent parturients, the hypnosis group showed favorable results by using less anesthesia (10 vs. 14) and postpartum pain medication (7 vs. 11) compared with the control group. In a non-randomized retrospective study, Defechereux et al (1999) found that both pain scores and codeine consumption indicated less pain ($p<0.05$, $n=337$) among those who underwent endocrine cervical surgery after hypnoanalgesia in conjunction with light IV sedation as compared with those undergoing general anesthesia. In a randomized experimental study conducted by Lang et al (2000), pain increased with the length of the procedure with the standard care group, but the slope remained flat in the hypnosis group ($p<0.001$, $n=241$). Additionally, the hypnosis group required significantly less pain medication than the standard care group ($p<0.0001$). Mauer Et al (1999) demonstrated in a quasi-experimental research design run in two consecutive large cohorts, that both perceived pain intensity and perceived pain affect were significantly reduced after receiving a hypnosis intervention on post-op days 2 ($p=0.004$), 3($p=0.008$) and 4 ($p=0.02$). Dyas et al (2001) showed that dental patients having their wisdom teeth removed with hypnosedation combined with IV sedation required significantly less fentanyl (0.8mg/kg compared with 0.92 mg/kg; $p< 0.05$, $n=40$) than the control group in a retrospective controlled clinical trial.

In another randomized controlled study conducted by Lebovits et al (1999), the patients who were given a hypnosis tape with therapeutic suggestions experienced significantly less pain ($p=0.03$, $n=10$) after hernia repair than those in the control group. Pain scores were significantly reduced ($p<0.01$, $n=337$) among patients who underwent hypnosis for plastic surgery according to Faymonville et al (1995) in a retrospective study. Significantly lower pain scores ($p<0.01$, $n=52$) were demonstrated by Lambert (1996) in a randomly assigned experimental study, among children who had surgery after undergoing a form of medical hypnosis which featured guided imagery than those children who did not have this intervention. Additionally Kroupotou (1997) touched on the mechanism by which

hypnoanesthesia works in an experimental descriptive study when he examined somatosensory event related potentials (SERP) among two patients and found that the patient who was hypnotized had a significantly reduced level of SERP produced during painful stimuli than the control patient ($p<0.01$), indicating that this patient actually registered less pain.

Anxiety is another problem patients present with that is so beautifully addressed by the process of medical hypnosis. In a retrospective study, Faymonville et al (1995) discovered that there was a statistically significant ($p<0.001$, $n=337$) decrease in intraoperative anxiety after hypnosedation among adult patients undergoing plastic surgery. According to Dyas et al (2001) in a retrospective clinical trial, patients undergoing third-molar removal with medical hypnosis had a significantly lower heart rate ($p<0.01$, $n=40$) which was taken to be an indicator of stress and anxiety. Medical hypnosis was utilized by Mauer et al (1999) before orthopedic hand surgery among 60 subjects in a quasi-experimental study, and was found to be significantly effective in reducing anxiety to levels well below what general surgical patients tend to report ($p=0.001$). In a prospective, randomized partially-blind study conducted by Ghoneim et al (2000) it was demonstrated that in patients undergoing third-molar surgery, an audio tape of positive therapeutic suggestions was effective at a significance level of $p=0.03$ ($n=60$) at reducing anxiety. Anxiety decreased significantly more over time ($p<0.0001$, $n=241$) in the medical hypnosis group of a randomized experimental study during urological procedures than in the control group as shown by Lang et al (2000). The children who participated in hypnosis/guided imagery in a randomized experimental study reported lower anxiety according to the Spielberger State Anxiety Inventory than children who did not receive this therapy technique as documented by Lambert (1996). Patients undergoing out-patient gynecological procedures required significantly less methohexitone ($p<0.03$, $n=52$) after receiving hypnotherapy aimed at reducing anxiety than those who participated in a pre-op discussion of similar length, according to Goldmann et al (1987) in a randomized experimental double-blind study.

Post-operative nausea and vomiting (PONV) has long been reported as the most bothersome side-effect among patients—leading to even more dissatisfaction with their anesthetic than post-operative pain. Reduction of this side effect is also among the benefits which are well-documented in studies about medical hypnosis. Williams et al (1994) examined the effects of positive intraoperative suggestions on women undergoing gynecological procedures on the incidence of PONV in a double-blind experimental study. The group who received hypnotic suggestions enjoyed significantly less PONV ($p<0.05$, $n=60$). Lebovits et al (1999) demonstrated that hernia repair patients receiving medical hypnosis via a therapeutic tape experienced significantly less PONV ($p<0.02$, $n=70$) during the first 90 minutes after surgery according to a randomized control group study. In a study conducted by Faymonville et al (1995), the incidence of PONV was significantly less

(1.2%) in the hypnosis group as opposed to the relaxation group (12.8%) and the IV sedation group (26.7%) ($p<0.05$, $n=337$).

Another result of great importance which has been chronicled in the literature is the reduction in length of stay which has been noted in patients receiving medical hypnosis as an adjunct to their anesthesia. In a randomized experimental, pre-test/post-test study, the average length of hospital stay was significantly shorter ($p<0.05$, $n=52$) for children who received hypnotherapy before surgery than those who received standard care (Lambert, 1996). Defechereux (1999) found that hypnotherapy led to a length of stay which was significantly reduced ($p<0.05$, $n=337$) among women who had gynecological surgery. Adolescent parturients enjoyed a considerably reduced length of stay ($p=0.003$, $n=42$) after having practiced self-hypnosis compared with the control group according to Martin et al (2001) in a randomized, controlled trial. Dyas et al (2001) in a retrospective, controlled clinical study showed that dental patients receiving medical hypnosis undergoing third molar removal recovered significantly faster than the control group (32 minutes vs. 50 minutes; $p<0.001$).

The compilation of these studies shows that there have been favorable outcomes with medical hypnosis in the four key areas which are anesthetic goals, to wit: increased comfort, decreased anxiety, decreased incidence of nausea and vomiting and a shorter time to discharge. They also indicate that hypnosis can be used successfully in the wide ranges of patient ages which present for surgery from pediatric to adult populations. The studies touch on the question of whether hypnosis must be done in person by a trained professional or if a professionally produced therapeutic tape may produce the same results. Each of these components combine to suggest that medical hypnosis can be used on most all of our patients to increase positive outcomes in multiple areas of concern to anesthesia providers via a standard, convenient tool such as a professionally produced hypnosis tape designed for surgical patients.

The hypnotic state is a natural state that everyone enters into multiple times of day – it is simply a state of increased focused attention in which peripheral activity is tuned out. Pre-operative surgical patients are often naturally in that state when the anesthesia provider walks in the room and begins to talk to them. They focus intently on the anesthetist and often tune out the other happenings in their environment. This provides close to ideal conditions to impart expectations of favorable outcomes. There are many scripted phrases which can be incorporated into the anesthetist's repertoire. • "I will be with you during the entire procedure, doing everything I can to keep you safe and comfortable."

Aspects of medical hypnotherapy can be incorporated into the practice of anesthesia in both a formal and informal manner. Formal medical hypnosis can be used as the sole anesthetic in major abdominal surgery in a limited population, it can be used to reduce

the amount of pre-medication in a wider segment of the population, it can be used with light sedation as an alternative to general anesthesia for those in whom general anesthesia poses serious risks, it can be used in obstetrics to decrease the need for narcotic medications which may cause depression in the fetus, it can also be used in dentistry for allaying phobias as well as alleviating the need for general anesthesia.

Informal hypnosis can be as simple as practicing positive suggestions regarding the patient's safety and comfort. Such suggestions can reduce anxiety, pulse and blood pressure. There are many simple ways to incorporate aspects of medical hypnotherapy into one's practice of anesthesia, thereby increasing the patient's level of relaxation, comfort and satisfaction, as well as minimizing both undesirable side-effects such as PONV and length of stay. With medical hypnosis, everyone stands to win.

References

1. Connelly, T. What is HypnoGenesis all about? ttp://www.hypnos.co.uk/hypnomag. 2007.
2. Defechereux, Thierry, et al. Hypnoanesthesia for Endocrine Cervical Surgery: A Statement of Practice. The Journal of Alternative and Complementary Medicine 1999; vol 5:6, pp 509-520.
3. Dyas, Robert. Augmenting Intravenous Sedation with Hypnosis, a Controlled Retrospective Study. Contemporary Hypnosis 2001; vol 18:3, pp 128-134.
4. Faymonville, ME, et al. Hypnosis as Adjunct Therapy in Conscious Sedation for Plastic Surgery. Regional Anesthesia 1995. Vol20:2, pp 145-151.
5. Ghoneim, MM, et al. Tape-recorded hypnosis Instructions as Adjuvant in the Case of Patients Scheduled for Third Molar Surgery. Anesthesia and Analgesia. Vol 90, pp 64-68.
6. Goldmann, L, Ogg, TW and Levey, AB. Hypnosis and Daycase Anesthesia. Anaesthesia 1988. vol 43, pp 466-469.
7. Kropotov, JD, Crawford, HJ, and Polyakov, YI. Somatosensory Event-Related Potential Changes to Painful Stimuli Hypnotic analgesia: Anterior cingulated Cortex and Anterior Temporal Cortex intracranial Recordings. International Journal of Psychophysiology 1997, Vol: 27, pp 1-8.
8. Lambert, SA. The Effects of Hypnosis/Guided Imagery on the Postoperative Course of Children. Developmental and Behavioral Pediatrics 1996. vol 17:5, pp 307-310.
9. Lang, EV, et al. Adjunctive Non-Pharmacological Analgesia for Invasive Medical Procedures: A Randomized Trial. The Lancet 2000. Vol 355, pp 1486- 1490.
10. Lebovits, AH, Twersky, R, McEwan, B. Intraoperative Therapeutic Suggestions in Day-case Surgery: Are there Benefits for Postoperative Outcome? British Journal of Anesthesia 1999. Vol 861:6, pp 861-866.

11. Martin, AA et al. The Effects of Hypnosis on the Labor Processes and Birth Outcomes of Pregnant Adolescents. The Journal of Family Practice 2001. Vol 50:5, pp 441-443.
12. Mauer, MH et al. Pain Perception, Postoperative Recovery, and Therapeutic Comfort. The International Journal of Clinical and Experimental Hypnosis 1999. Vol47:2, pp 144-161.
13. Montgomery, GH, et al. The Effectiveness of Adjunctive Hypnosis with Surgical Patients: A Meta-Analysis. Anesthesia and Analgesia 2002. Vol 94, pp 1639-1645.
14. Patterson, DR and Jensen, MP. Hypnosis and Clinical Pain. Psychological Bulletin 2003. Vol 129:4, pp 495-521.
15. Stewart, JH. Hypnosis in Contemporary Medicine. Mayo Clinic Proceedings 2005. Vol 80:4, pp 511-524.
16. Tsao, JCI and Zeltzer, LK. Complementary and Alternative Medicine Approaches for Pediatric Pain: A Review of the State-of-the-Science. eCAM 2005. Vol2:2, pp149-159.
17. Williams, AR, et al. The Incidence and Severity of Postoperative Nausea and Vomiting in Patients Exposed to Positive Intra-operative Suggestions. Anaesthesia 1994. Vol 49, pp 340-342.

APPENDIX 2 GLOSSARY

Abreaction: An action whereby emotionally charged material/feelings. etc. is released from the mind and psyche through reliving an incident. Bringing to consciousness that which was formerly unconscious or repressed.

Addiction: Development of physical or psychological dependence on a drug, event, or action that craving and physical/psychological discomfort or pain occurs in its absence.

Altered State of Consciousness: Any non-ordinary mental states, including meditation, hypnosis, and drug induced states.

Alternate Life Progression: The ability to project one's consciousness into a future time line.

Alternate Life Regression: The ability to return in one's imagination to an earlier time and place in another time line.

Alpha State: A light to medium state of hypnosis which can be used interactively with a client, also associated with the dream state and REM.

Amnesia: An inability to recall past memories or experiences. Hypnotic amnesia can either happen spontaneously or be produced by suggestion.

Anchor: The action of tying in a new ending/response to an existing or constant stimulus.

Analgesia: The insensitivity to pain either locally or widespread. Can be brought on by suggestion.

Anima: In Carl Jung's theory, an archetype representing femaleness or the female principal within the psyche.

Animal Magnetism: Anton Mesmer's name for hypnotism based on his assumption that hypnosis is related to the state of ordinary magnetism.

Animus: In Jung's theory, an archetype representing maleness or the male principal within the psyche.

Anxiety: A feeling of painful or apprehensive uneasiness closely related to fear, especially that is characterized by dread or anticipation of some unclear threat.

Archetype: An original pattern, prototype, or idea on which others are modeled. In Jung's theory, universal primordial images found in the collective unconscious.

Auto Hypnosis: Self-hypnosis.

Autonomic Nervous System (ANS): A branch of the peripheral nervous system concerned with involuntary functions of the body.

Auto Suggestion: Suggestions made to oneself through affirmations, obsessive thoughts, wishful thinking, etc.

Aversive Conditioning: Use of an unpleasant or painful stimulus to reinforce learning.

Bardo State: A definition for the place where the soul goes in between incarnations; a place of rest and to review lessons learned in different lives.

Behavior Modification: Application of principles of learning to change or eliminate unwanted or abnormal behavior.

Beta State: Our most active mental state. You are most likely in beta right now!

Biofeedback: A technique allowing a person to monitor and control his or her own internal bodily functions.

Bruxism: The grinding or gnashing of one's teeth, usually in an unconscious state.

Catalepsy: A state of hyper suggestibility in which an individual will display signs of body rigidity that goes beyond their usual conscious state's ability.

Cataleptic: A person who can go into and remain in the state of catalepsy.

Catharsis: The act of releasing stored charged emotions either of an uncomfortable or a pleasant nature.

Client Centered Therapy: A form of therapy designed by Carl Rogers in which the client assumes responsibility for solving his or her own problems. The therapist's role is to clarify and assist, not to give advice.

Clinical Hypnosis: Hypnosis that is performed by a professional hypnotist under certain standard guidelines or conditions.

Co-dependence: A pattern of painful dependence on compulsive behavior and a need for approval from others in an attempt to find safety, self-worth and identity.

Cognitive: Pertaining to thinking, knowing and understanding of the internal processing of information.

Conditioned Reflex: A reflex that responds automatically.

Collective Unconscious: According to Jung's theory, a portion of the psyche that is common to all people and that contains archetypal images.

Compensation: Counteracting a real or imagined weakness by emphasizing desirable traits or seeking to excel in other areas.

Complex: A conglomeration of psychological elements that have developed a strong emotional charge.

Compulsion: An act the individual feels driven to repeat, often against his or her will.

Conditioned Response: A constant or learned response to some action or event.

Conscious: The condition where one is aware of both inner and outer events /actions.

Confabulation: The falsification of memory due to a partial amnesia.

Conscience: Our personal concept/judgment of certain behaviors.

Conscious Mind: The rational, subjective, linear oriented portion of our awareness. Located roughly in the brain's cerebral cortex.

Consciousness: The all-inclusive nature of being aware of self in whatever state one is at.

Convulsion: An involuntary spasm of muscular activity.

Corpus Collosum: A large nerve unit in the middle of the brain connecting the two hemispheres; serves to transfer information from one hemisphere to another.

Counter Suggestion: A suggestion given to a person to displace or challenge a core or fixed belief/idea.

Defense Mechanism: A system of self-protection devices designed to lessen or repress certain thoughts, memories or feelings from entering the conscious mind.

Delusion: A false belief /idea.

Delta State: Deepest state of brain activity. An extreme state of suggestibility, sometimes referred to as the comatose/dreamless state.

Depersonalization: A temporary loss of self-identity or of subjective based reality.

Dissociation: A way to distance or separate a person by suggestion from a scene or event where it may be uncomfortable or painful.

Distortion: To give a false account.

EEG (Electroencephalograph): A device for detecting and graphically displaying micro currents of brainwave activity.

Emotional Outlet: A learned action or way to release emotional energy.

Empathy: The ability to perceive and attune to the feelings, energies and emotional states of another person without becoming identified with them.

EPC (Etheric Plane Communication): A way of communicating to another person through the use of active imagination and also to communicate with different parts of oneself

Euphoria: Real or suggested conditions of extreme well-being or pleasure.

Fascination Point: The object/place that a person focuses their attention on when using an eyes open hypnotic method.

Fractionation: A series of indications bringing a subject up out of trance and then leading them back down for the purpose of increasing their hypnotic depth.

Free Association: The association or connection of ideas/feelings that are formed in the absence of any external interference. The spontaneous outpouring of subconscious material without the thought of editing or censoring it.

Free Floating Anxiety: Feelings of dread of apprehension that cannot be traced to any particular source.

Gestalt Therapy: A psychotherapy developed by Fritz Perls and others that emphasizes immediate experience and participation of the whole person in any activity.

Glove Anesthesia: The technique whereby a person is taught to anesthetize their hand and then transfer that numbed condition to other parts of their body for pain control.

Goal: The object of a motivated and directed sequence of behavior.

Habit Formation: A learned process of reacting, partly conscious and partly unconscious, brought about through repetition of a certain action of some sort.

Heterohypnosis: The use of words or verbal hypnosis.

Hyperaesthesia: An exaggerated heightening of the senses, especially tactile stimuli. Can sometimes be achieved under hypnosis.

Hypnodontics: The science of using hypnosis in the field of dentistry.

Hypnos: The Greek god of sleep. Also the origin of the word hypnosis.

Hypnology: The study of sleep or hypnosis.

Hypnonarcosis: The hypnotic state brought about through the use of certain drugs i.e., Sodium Pentothal.

Hypnosis: An altered state of consciousness that can be purposefully induced in which access to subconscious material, heightened suggestibility, and focused attention take place. Webster's: A repressed state of mental functioning in which ideas are accepted by suggestion rather than logical evaluation.

Hypnotherapy: Using hypnosis in the context of therapy.

Hypothalamus: A small area at the base of the brain that regulates many aspects of motivation and emotion, particularly hunger, thirst, and sexual behavior.

Hysteria: An emotional state of excitability.

Identification: A process in personality development in which a person becomes like an admired person by incorporating their goals and values into his or her own behavior.

Ideomotor Response: Involuntary movement of the body by the subconscious as a result of a suggestion or question.

Imagination: The ability of the mind to construct and reorganize sensory data from an experience of our outer or inner world- either real or imagined.

Imprinting: A rapid and relatively permanent type of learning that occurs within a limited period of time, usually early in life.

Induction: The act of inducing, causing, or producing the state of hypnosis.

Inner Child: An archetypal image representing our emotional/feeling center or body.

Insight: A sudden reorganization of the elements of a problem causing the solution to become self-evident. Also, one's understanding of one's own behavior or motives.

Interactive Hypnosis: Hypnotherapy where the therapist and client interact verbally, the client takes a more active role in the healing process.

Introspection: A psychological technique used to examine one's own conscious experience; self-observation of one's thoughts, feelings, and emotions.

Law of Reverse Action: A suggestion that reverses itself in the subconscious mind; the harder you try to do something, the more difficult it is to do.

Lethargic State: An extremely relaxed state in which the subject may display symptoms of slurred speech, inability to move. Through suggestion a subject can override natural reflex reactions to sensory stimulation.

Limbic System: A collection of interconnected brain structures. The Hypothalamus, Hippocampus, Pituitary and Amygdala glands, whose functions include smell and emotional reactions and conditioning.

Mental Rehearsal: A way of using the imagination to rehearse what a certain condition or action will be like at some point in the future.

Merging: The process whereby a person allows a greater flow of psychic/emotional energy into their body/mind arising from contact with one's own archetypes.

Mesmerism: The name given to those practices of Anton Mesmer as it related to his theory of animal magnetism.

Mesmerize: An archaic term for hypnotizes.

Metaphor: A way of subconsciously equating or tying together two or more separate images through the use of a story. An analogy is a metaphor.

Modeling: A type of imitation in which an individual mimics behavior performed by another person.

Motivation: The force behind manifesting certain desired behavior patterns.

Negative Hallucination: The failure to see an object when looking at it.

Multiple Personality: A form of emotional disturbance in which an individual maintains two or more distinct personalities usually with no conscious recognition between them.

Negativism: Resistance to suggestions even to the extent of taking the opposite action.

Neurosis: A behavior disturbance primarily characterized by excessive anxiety, minor distortions of reality, and subjective reality.

NLP: Neuro-Linguistic Programming; Psychology based on the practical skills that are used by all communicators to obtain excellent results.

Obsessions: Recurring irrational or disturbing thoughts a person cannot prevent. Extreme preoccupation with certain thoughts and/or compulsive performance of certain behaviors, both of which occur in ritualistic or unavoidable fashion.

Pacing: The ability to match or pace another person's state of being. Can take the form of breath, body, language, energy level, or feeling tone pacing.

Pain: An uncomfortable to distressing sensation perceived either somatically or mentally.

Panic Disorder: Persistently high levels of anxiety coupled with sudden episodes of intense, but unfocused panic.

Parasympathetic Nervous System: The division of the autonomic nervous system associated with production of relaxation, bodily sensations, and conservation of energy.

Peripheral Nervous System: All portions of the nervous system lying outside the brain and spinal cord, including the autonomic nervous system.

Persona: In Jung's system, an archetype representing the "mask" or public self-presented to others.

Personality: An individual's unique and enduring traits and psychological characteristics and the dynamic relationship among them.

Personality Disorder: Disturbances involving maladaptive and long-standing distortions of personality characteristics.

Placebo Effect: Changes in behavior due to one's expectations that a drug or action will have some beneficial effect on them.

Phobia: An intense or unrealistic fear of some specific object or situation.

Physical Cues: The signs the body displays when in the hypnotic state.

Physiology of Hypnosis: According to medical authorities, all of the associated conditions that occur in hypnosis are basically identical with that of the waking rather than the sleeping state.

Placebo Effect: Changes in behavior due to one's expectations that a particular drug or treatment will have some effect.

Positive Hallucination: Any perceptions that have no external cause or stimulus.

Post-Traumatic Stress Disorder: Psychological and emotional disturbance following exposure to stresses outside the range of normal human experience, such as natural disasters or wars.

Post Hypnotic Suggestion: A suggestion given in the hypnotic state that is to be carried out after returning to normal, active awareness.

Projection: Attributing one's own feelings, or unacceptable impulses onto another person as a means of defending against anxiety.

Pseudo-Memories: False or dubious memories that a person believes to be true or accurate.

Psi Events: Paranormal events falling outside the traditional bounds of psychology and science. Includes clairvoyance, telepathy, precognition, psychokinesis, astral projection, out of body experiences, and the like.

Psychoactive Drugs: Any of a large number of substances capable of altering sensation, perception, cognition, memory, or other psychological events.

Psychoanalysis: A Freudian approach for evaluating subconscious patterns, conditions and behavior through free association, dream interpretation and transference.

Psychodrama: A technique of psychotherapy in which people act out personal conflicts in the presence of other people who play supporting parts.

Psychology: The scientific study of behavior and conscious experience.

Psychosomatic Illness: Disorders in which actual physical damage occurs as the result of psychological stress.

Pyramiding: Strengthening of suggestions by stacking them on top of another by repetition.

Rapport: A client/therapist relationship that contains levels of trust, comfort & harmony.

Recall: Detailed remembering with a minimum of memory cues.

Regression: Returning to an earlier time of certain behaviors.

Relaxation: The somatic or psychological response factor that is brought about through the use of suggestion. All hypnosis is self-hypnosis.

REM (Rapid Eye Movement): Movement of the eyes occurring during times of dreaming or when accessing data in the hypnotic state.

Reparenting: The process of bringing underdeveloped parts of the psyche into contact with parts that are more mature and conscious.

Repression: Pushing out or barring from consciousness unwanted memories, feelings, or impulses.

Retrograde Amnesia: Loss of memory for events that happened before a head injury or other amnesia producing event.

Role Reversal: Taking the role of another person to learn how one's own behavior appears from their perspective; or to understand their perspective better.

Rigidity: The condition whereby muscles become extremely tense.

Self-Actualization: The full development of personal potential, especially emotional potential.

Semantics: The science of the meaning of words.

Shaman: In various cultures the one who would heal, assist, or help others through certain conditions using techniques of known and unknown origin.

Simile: A way of directly and consciously comparing two different images.

Theta State: Deeply relaxed state sometimes called the somnambulistic state. In this condition a person may display slurred speech, rigidity of limbs, and amnesia of the experience upon awakening.

Time Distortion: A condition in which time seems to have either sped up or slowed down. This condition is often observed in the hypnotic state.

Transference: Refers to the tendency of a person to transfer various feelings to the therapist that corresponds to feelings held toward other persons in their life.

Waking Hypnosis: While in the waking state a person is actually under the influence of a post-hypnotic suggestion.

APPENDIX 3 SCRIPTS

Progressive Relaxation Induction for First Session
Ron Eslinger

Before starting the induction complete steps 1-9 of the First Session 21 Steps

Induction

We will now begin--

Now that you have learned a little bit about guided imagery and creative visualization, I will lead you through a progressive relaxation followed by guided imagery, creative visualization and suggestions for letting go of stress.

For this to work, all you have to do is follow my instructions and pay attention to my voice. If at any time during this relaxation you need to cough, scratch or move around to be more comfortable feel free to do so. It will not interfere with what we are doing. If at any time an emergency should arise you will be aware of it and respond to it quickly and adequately without me having to tell you to do so.

Allow yourself to get into a very comfortable position, a position that will help you become very relaxed. If at any time you feel your mind beginning to wander, as quickly as possible, bring your thought and concentration back to the sound of my voice. You will be aware of sounds and all other activities of life around you, but just let my voice be at the forefront of your thoughts.

With your permission ... the first thing I'm going to ask you to do is allow your eyes to gently close. Good. Now gently push your abdomen out and hold it just as you learned to do earlier. In ... now hold it ... let it out. Breathe normally. Great! I will guide you through a breathing exercise and you will, when I ask, take in and hold the abdominal breath just as you did a moment ago. Please, gently push your abdomen out for a count of **three (the counts can be of your choosing three, four or five. Just remember that the exhalation is twice as long as the inspiration).** Gently push out your abdomen for a count of three, hold it for a count of three and breathe out for a count of six. As you take each breath in and let it out you begin to relax. At the end of the third breath begin breathing normally again, letting your whole body relax as you do so. Take those three breaths now ... ... you are doing good ... just relax ... head to toe relax ... hearing the soft calming music in the background ... wonderful.

As your body continues to relax more and more, I'm going to count backwards from ten to one. And, as I count, you will count with me, but stay one number ahead of me at all

times. So, when I say the number ten, you will be thinking of the number nine, and tracing the number nine over and over on the inside of your eyelids, as if writing on a marker board. You will stay one number ahead at all times. Every time you inhale, you will think to yourself, "relax", and every time you exhale you will think to yourself, "deeper or calmer". So, with every breath you take you will think to yourself ... "relax and deeper".

Ten – you are now tracing the number nine, over and over as if writing on a marker board somewhere in your mind. And, as you are tracing the number, you are thinking with every breath, "relax and deeper". You can see your mind is quite busy at this time. One part of your mind is tracing numbers and another part is keeping track of your respirations. And all the while that you are doing this, your whole body becomes more and more relaxed. That's right ... just letting go of tension and anxiety ... replacing it with calm serenity.

Nine – now you are tracing the number eight, over and over. You can also feel yourself beginning to relax. As you relax, imagine a powerful white, healing light, shining down through the top of your head like a wave shining throughout your body, bringing relaxation and calmness. Every breath you exhale removes tension, anxiety, and stress. With each breath in you relax. You go deeper and deeper into this relaxation and let tension, anxiety and stress flow from your body. It's such a nice feeling. Just let all the tension begin to escape as you drift into a very peaceful and pleasant state of relaxation.

Eight – now you can feel the relaxation in your neck and shoulders, and your neck and shoulders are relaxing deeper and deeper ... a nice, deep comfortable feeling of relaxation as you continue to breathe easily and comfortably. If you are like most people, you've been carrying burdens around on your shoulders ... burdens that feel like the weight of the world. It's okay now to let those burdens melt away and fade into nothingness. Also, most of us at some time or another carry a chip around on our shoulder. It is time now to remove that chip and take away the control that others have had on you and with every breath your shoulders become more relaxed and you become more at peace with yourself.

Seven – Your arms are now relaxing. They may begin to feel ever so heavy or very light and floaty, whatever you so desire, for this is your relaxation. You are in control and you will become as relaxed as you yourself decide to be. You control your mind and you control your body. Some people say their arms become very, very heavy, while others say their arms are light and floaty and I've even had some say they felt nothing at all. I wonder which you will be. Only you can choose to relax your arms ... the left arm ... and the right arm. With each and every breath you take, you relax ... and you relax with every sound of my voice.

Six – the lower these numbers go the more you will let yourself relax. As these numbers go lower and lower you will feel the relaxation entering your lungs and chest bringing

relaxing oxygen into the lungs and transporting the oxygen to the muscles of the body as you relax deeper and deeper. Allow yourself to focus and concentrate on any areas of your body that are stressed and feel the stress in those areas opening up and letting the oxygen in and those areas become more relaxed and more comfortable ... wonderful.

Five – now you can feel the relaxation entering into your abdomen. All the abdominal muscles are relaxing. You can feel the relaxation going into every organ and nerve within you. And, like a lazy, slow moving river, the relaxation flows through the organs and intestinal tract and you relax slowly, easily and comfortably.

Four – now the hips relax and the relaxation flows down into the legs as they become ever so relaxed ... you can feel the relaxation in the thighs ... as it drifts to the knees and then all the way to the ankles and feet. It's such a nice peaceful feeling. I wonder if your legs will begin to feel like your arms ... heavy or light ... or nothing at all. You choose ... this is your relaxation.

Three – now the back is beginning to relax. Starting at the lower back and radiating out to each and every nerve root. Moving again into your neck and shoulders all the way to the scalp as your neck and shoulders become twice as relaxed. I don't know what twice as relaxed would feel like, but you do. So let it happen. You are in control.

Two – your facial muscles are now relaxing. You can feel it across your forehead, around your eyes and ears, into your cheeks and into the muscles of your jaw. It's such a comfortable feeling. You can even feel your neck muscles relaxing more and more.

One – tracing the number zero now over and over... feeling very relaxed now, feeling good all over in every way. And now, as your whole body begins to take on these very comfortable sensations, I'm going to talk to you about you. And all the while I am talking to you; the more you are going to relax. You are going to relax more and more and as I talk on and on, the more I talk, the more relaxed you become and the deeper you go into your comfortable hypnotic rest.

After step ten, the induction, use first session steps 11-21. Some examples follow:

- At this point you can add a deepening technique i.e. as I count back from 5 you will go deeper and deeper.
- Use the information you received concerning their most relaxing place or vacation spot to start the guided imagery segment of the session i.e. beach, mountains, fishing or reading, weaving in suggestions toward achieving their goal.

- Use metaphors to drive home your suggestions and to give imbedded suggestions to the subconscious i.e. colors, pounds melting away in the same manner the flickering flame melts away the wax of a candle.
- Giver suggestion for the behavior they want to change. Suggestions for changing a behavioral can be incorporated in the induction, guided imagery, deepening and emergence by using direct suggestions, metaphors and imagery.
- I have included some basic scripts. There are thousands available from many different script writers. However, keep in mind that the best and most appropriate powerful scripts are in the client. A good interview will give you all the information you need to help your client be successful.

Generic Script

Ron Eslinger

This script can be used for any problem by simply adding an appropriate suggestion in the Blank

Now that you _____ (i.e. eat properly and sparingly) every day you become physically stronger and fitter. You become more alert, more wide-awake, and more energetic.

Every day you become so deeply interested in whatever you are doing, so deeply interested in whatever is going on that your mind will become much less preoccupied with_____ and you will become much less conscious of yourself and your own feelings towards _____.

You may be surprised now that you _____ that every day your nerves will become stronger and steadier. Your mind will become calmer and clearer, more composed, more placid and more tranquil.

Because you _____you will be able to think more clearly. You will be able to concentrate more easily, your memory will improve and you will be able to see things in their true perspective, without allowing them to get out of proportion.

Every day you will become emotionally much calmer, much more settled, much more tranquil because you have decided to _____.

Every day you will feel a greater feeling of personal wellbeing, a greater feeling of personal safety and security, more than you have felt in a long, long time because you _____.

Ever since you decide to _____every day you will become, and you will remain, more and more completely relaxed and more tranquil, both mentally and physically, even when you are on your own. As you become, and as you remain more relaxed and more tranquil each day, you will develop much more confidence in yourself, much more confidence in your ability to do, not only what you have to do each day, but much more confidence in your ability to do whatever you ought to be able to do, and to do it optimistically, happily and confidently.

Because you made the decision to _____ every day you will feel more and more independent, more able to stick up for yourself, to stand on your own feet, to hold your own, no matter how difficult or trying things may be.

I wonder how surprised you will be that because you decided to _____ that all these things will begin to happen – exactly as I tell you they will happen, you will begin to feel much happier, much more content. You will feel much more cheerful, much more optimistic, and every day you will do better and better.

Stop Smoking Script

Ron Eslinger

Complete the first ten steps in the twenty-one step first program then use this script after the induction.

You know that many people wish they could be as healthy as you are. Therefore, you have decided to do something very positive for yourself and that is to take the best possible care of yourself that you can.

You have come to me and made a commitment; you have come here, put your name down on a piece of paper and written on that paper that you wanted to stop smoking. You have made a commitment of sorts to me in writing; more important than that however; indeed most important of all is the fact that you have made a commitment to yourself. You have told yourself now in no uncertain terms that you would stop smoking.

No "maybe's" or "I hope so's". This time you have made a firm commitment to yourself. You are being honest with yourself and have decided to give yourself your best chance at continued good health. You are not going to take any more chances with your own good health.

You have finally decided that you have had enough tobacco. You have decided that tobacco is going to be a part of your past... Tobacco for you is now a part of your past. Tobacco will no longer have any power or control over you; you will be in full control. You know deep down inside that if you really wanted to use tobacco that you could.

You make your own decisions and the decision that you have made is to be rid of the tobacco habit. Tobacco for you is now a part of your past, you can consider yourself to be a former tobacco user. You have looked at tobacco objectively now and you have seen tobacco for what it is...tobacco is a substance that is slowly but surely destroying you.

Tobacco is cutting your life short. However, you have decided that you are no longer going to compromise your own good health. You will see tobacco for what it is and that is a foul tasting vile and obnoxious poison; a poison that will cut your life short if you let it. But, you are not going to allow that to happen.

You are going to allow all of your thoughts, attitudes, and ideas about tobacco to become negative. Tobacco in and of itself will never change therefore, you must change. Just as you learned to like and enjoy tobacco you must learn to be offended by it.
If you would just remember back to your first tobacco cigarette, I'm sure you could remember that you did not really enjoy it. Just as you learned to enjoy tobacco you could learn not to like it.

You are all through with tobacco, for you tobacco is part of your past. When you used tobacco in the past you offended many people. When you came into contact with non-tobacco users they were offended by the odor that you had about you, because even if you had just had a shower, washed your hair, and put on clean clothes, once you had one cigarette all your efforts of good hygiene would be in vain.

Once you had smoked one cigarette you would have had an offensive odor about your person. That is because all tobacco users have a peculiar odor. Tobacco is a very irritating substance.....it irritates those who smoke it and it irritates those individuals who are present where tobacco is being used.

Tobacco has a drug in it, a drug called Nicotine. Nicotine is known to science to make blood vessels smaller. Nicotine actually shrinks blood vessels and makes them smaller. It shrinks the blood vessels of your brain and heart as well as the blood vessels of your hands and feet and makes them smaller. Nicotine is also a nervous system irritant; Nicotine actually irritates the nervous system. Nicotine cannot help anyone to relax.

If you ever need to relax or if you ever feel that your will power is weakening all you need to do is to squeeze your right hand into a tight fist for two or three seconds, as you do this you will take in two or three breaths as you have learned to do.. This is going to trigger your motivation for quitting and make it very strong. It is also going to help you relax and be in control. Therefore, no circumstances or set of circumstances can ever cause you or force you to use tobacco.

You will find that regardless of the situation or the people present that you can always be in control. Tobacco cannot solve problems nor can it figure anything out for you. It cannot make life go smoother for you. You are the only one who can make your life easier. So, tobacco for you is now a part of your past. You will no longer like it or need it.

You will in no way alter your dietary patterns due to the fact that you are now and will continue to be a former tobacco user. You will not substitute snacks or meals for the fact that you have given up tobacco. You are going to do well without tobacco because you are positively motivated and you care about your own good health. You are a healthy vigorous individual and have decided that's the way you want to stay.

Tobacco for you is now a part of your past, for you tobacco is a part of your past.

Now I will count from one to five .....

Weight Loss Script

Ron Eslinger

After Induction

Now that you are feeling comfortable and relaxed, now that you are feeling peaceful and at ease, I am going to speak to you about something that is very important to you. It is your health and appearance, and that is the fact that you are going to allow yourself the pleasure of looking and feeling your best. You have made a commitment to yourself, a commitment to look and feel your best. You have made a commitment to respect your body and your good health.

No "maybes" or "I hope so's", this time you have told yourself in no uncertain terms; I am going to look and feel my best. The reason these healthy eating habits will work for you is because you have made this commitment to yourself. You will set your own goals and standards of achievement. No one is forcing these eating habits on you. You are doing it of your own free will, and the only person you must satisfy is yourself.

You have decided to stop punishing your body and to allow yourself the pleasure of looking and feeling your best. You will wear the kind of clothes that you want to wear and you will be noticed in a positive manner when you have accomplished your goal because you will look and feel your best.

You will accomplish your goal by eating in a sensible fashion. Overeating is now a part of your past. You will eat small meals and small meals only, six times day. Six small meals six times a day and drink half your body weight in ounces of water each day.

You may eat anything that you wish. Indeed you may eat anything at all because you will find in a very short time that you actually want to eat less. Smaller and smaller portions will become more and more satisfying to you. Smaller and smaller portions will become most satisfying to you. You will fill up quickly at meal times, at meal times you will find that you fill up very quickly; therefore you should eat the most nutritious foods early in your meal.

You should eat the most nutritious foods early in your meal because as time goes on smaller and smaller portions will be more and more satisfying to you. You will get to the point where you are eating just enough to maintain and just enough to maintain your goal.

You will fill up quickly at meal times at mealtimes you will fill up very quickly; once you are full and once you are satisfied you will stop eating.

You will no longer continue to eat just because there is more food on your plate. Overeating for you is becoming a part of your past. These feelings of fullness that you get, these comfortable and satisfying feelings that you get at meal times will stay with you, these feelings will stay with you from meal to meal. You will eat six small meals daily and you will eat at mealtimes and at mealtimes only.

These feelings of comfort and satisfaction will stay with you from meal to meal. Therefore between meals you will eat nothing, you will be eating absolutely nothing between meals; because that is what you want. You know that if you wanted to, you could eat as much as you wanted to, you could eat as often as you wished. You have done that in the past and it did not help you to become as proud as you could be of your appearance or be as healthy as you wish to be.

Now you have decided to change a part of your life and that is the manner in which you eat. From now on sensible eating habits are going to be a part of your life. Small meals and small meals only six times a day, eating about every three hours and always having a light healthy breakfast and each morning you will drink sixteen ounces of cool refreshing water.

You will fill up quickly at mealtimes very quickly, these feelings of comfort and satisfaction will stay with you, and they will stay with you from meal to meal, allowing you to feel proud of yourself. Therefore, between meals you will eat nothing. However between meals you will drink water and throughout the day you will drink half your body weight in ounces of water.

You know that there will be special occasions and on these occasions it is OK to have a party beverage and maybe a very small snack. Other than that you will eat at mealtimes and at mealtimes only. If you should make a mistake and eat something between meals, you will find that whatever you have eaten will land heavily on your stomach; anything that you eat between meals will make you uncomfortably aware of its presence.

You will not feel good nor will you feel satisfied by anything that you eat between meals, because anything that you eat between meals will stand between you and your goal and you will not let anything stand between you and your goal; that goal of respecting your body and looking and feeling your very best.

You want very badly to look and feel your best therefore you are going to change a part of your life, you are going to change your eating habits from this point on you will consider yourself to be a sensible eater. Sensible eating habits are now a part of your life.

Overeating for you is now a part of your past, for you overeating is part of your past. You will do well because you are positively motivated and because you have the key to success

that is this relaxation coupled with your own very strong motivation to look and feel your best.

Allow yourself now to imagine yourself standing in front of your mirror molding and sculpting your body. See yourself the way you want to be, not the way you are, as if you had already achieved your goal of looking and feeling your best. Each and every day think of yourself and imagine yourself not as you are but as you want to be as if you had already achieved it.

Emergence

Now I will count from one to five etc.....

1. At the number five you will feel refreshed and alert
2. Every night as you are falling asleep you will say ten times "Every day in every way I am better and better".
3. Refreshed alert and feeling good
4. Driving home completely awake alert
5. You may open your eyes when you are ready, returning to the here and now.

Freedom From Stress

Ron Eslinger

Use induction of choice.

Many people have a favorite place where they like to relax. Others have a place they dream about visiting. If you have a favorite place or a dream place for relaxation or just for getting away, pretend you are visiting that place now as if having a wonderful daydream.

Your place may be one where you have taken a favorite vacation or it just simply may be a place in your own home just sitting in your favorite comfortable chair ... it really doesn't matter where it is.

I wonder where your favorite place may be. You may be sitting or walking by a mountain stream ... watching the water as it flows and cascades down over the rocks flowing like a fountain deep into the crystal clear pool below.

Can you notice the feeling of serenity that comes with being surrounded by nature ... listening to the sounds of birds and hearing the rustle of leaves as a breeze moves through the trees ... or if you wish, you may prefer a lovely beach on a warm summer's day. You may find it rewarding to imagine yourself walking along the beach hearing the sound of the waves as they flow ashore ... becoming surf upon the sand. I wonder if you will be pleased to notice as you walk along the beach that you can look back and see your footprints in the sand ... and in the same manner the waves come ashore and wash your footprints away ... you are able to wash from your mind all the fears, anxieties, and concerns of _____.

You may find it positive and comforting to know that as you relax you can imagine yourself lying in a beach chair watching the waves come ashore or sitting on a large rock by that mountain stream feeling the warmth of the sun with its bright healing light entering into your body, creating a warm comforting calmness and peaceful relaxed feeling.

You know better than anyone what you consider your ideal place or thing to do to relax. I wonder which one you will decide to visit in the comfort of your mind. Give yourself the opportunity to visit that place in your daydream ... that place in your mind that allows you to be someplace else at some other time.

Allow yourself to discover the pleasure of creating your own getaway place that is so nice to visit. Allow yourself to notice the calmness beginning to flow through your mind and body as you direct your thoughts to your relaxing place.

In the same manner that you experienced how the thought of the lemon created biochemical and physiological responses in your body, you can use your thoughts to prepare for and to have a pleasant relaxing experience letting go of anxiety and tension. Change your mind ... change your brain ... the brain changes stress and any other behavior you wish to change.

Many people see their problems and see their stresses as if looking at them through a pair of binoculars. They look so big, so huge, so uncontrollable. Have you ever thought about turning the binoculars around and when you do those things which were so large are now so tiny. So small, so insignificant... so far away. Only you can change the perceptions of your life. You see your problem, change your thoughts about your problem and the problem will change itself. There is no reality, there is only perception; however, the mind's reality is its perception... change the perception... change the response.

Every waking hour that you practice the abdominal breathing ... breath in for a count of three... hold for three ... breath out for a count of six, and as you do this create an image of your relaxing, calming and peaceful place.

On the count of five, and when you're ready, open your eyes feeling refreshed and feeling calm.

Emerge

Debrief

Pain Comfort Script

Ron Eslinger

After Induction

With every breath that you take in allow yourself to relax more deeply and as you continue to focus on the sound of my voice you can also focus on getting a sense of control over yourself... your thoughts... your feelings... your body...

Let me remind you that what matters most right now is getting your thoughts together and keeping a cool head... and by a cool head I mean of course a sense of calmness and also a clear sense of purpose. There have been times in your life when you've done exactly that- stayed cool under tough circumstances.

I wonder if you will decide to create this coolness throughout your body or if your decision will be to just allow yourself to be comfortably calm. In all probability you will determine what you create and what you feel within your body.

One of the first things you can become aware of... is the fact that only you are aware at this time of what your comfort level is... but as I speak and as you create within your mind different thoughts and different images of how you want to feel... I would like you to appreciate the fact that through your thoughts you are in control of your mind and of your body. Therefore, the more you focus your thoughts on my voice... the more you will have control over how comfortable you choose to be.

I wonder if you will be reminded of a time... a time in your past when you were aware... of how comfortable your body could be. Perhaps even now you're beginning to notice either a heaviness or a lightness of your body... and I wonder just how you will experience the coolness and the calmness that I mentioned earlier.

(Name) you know better than anyone your ability to create coolness, comfort and calmness. I wonder if you have begun to notice yet... that your body is becoming more relaxed... and I wonder which is more relaxed your left side or your right side... your left side over there your right side over here... and that area which in the past was uncomfortable... is it there, is it here... is it close? Is it far?

I can remember looking through binoculars and seeing how large things would become. I wonder if you noticed that when you think of that place of discomfort that it is like looking through binoculars. It gets so big... so close... almost as if it is right up on you... yet... I wonder how surprised you will be when you discover that if you turn those binoculars around... how distant... how far away... how tiny... what you're looking at becomes.

I wonder if you can imagine or just pretend... maybe even... role-play as if you are a child... turning the binoculars around looking through the big end and seeing how distant... how tiny that area of discomfort becomes when you look at it in a totally and completely different way.

I would like for you to imagine now that your feet are like vacuums... and they begin to suck up into your body... starting at the ankles and the lower part of your legs... then up into your knees... and into your thighs... every cell is filling with this cool orange colored magnetic liquid... now moving into your hips... into your pelvic area and into your abdomen... all the organs all the cells of your abdomen... and now it flows into your lungs and into your chest and I wonder how surprised you will be to discover how easily it is to breathe with your lungs filled with this cool orange colored magnetic liquid.

Now I know and I know that you know... that there are areas of your body that something warm would be more pleasing than coolness... therefore, it is OK to replace the coolness in those areas with a sense of warmth... that's right... you're doing so very well allowing every breath to continue to allow you to drift gently and peacefully into this wonderful state of hypnotic rest.

And now as the chest continues to feel that warm or cool orange colored liquid... that magnetic liquid... it begins to flow over into your arms... from your fingertips all the way up to your shoulders... every cell, every vessel, every part of your body now from your neck down fills with this warm or cool orange colored liquid... this magnetic liquid.

I wonder what you will discover... as this cool orange colored magnetic liquid fills your head... all of your head... your ears... your eyes... your sinuses... and even your brain.

It may be that you are already aware... of how this coolness... of how this orange colored magnetic liquid... has already begun creating comfort and calmness.

I am sure that you are aware of what magnets do... and I think you're going to enjoy being surprised to discover that it's OK ...to allow that magnetic orange liquid... to pull from every cell... the anxiety... the tension... and the discomforts that are located there... YOU... are worthy of allowing yourself the comfort that comes from letting this amazing orange colored magnetic liquid... this cool and soothing liquid... to pull from every cell of your body anxiety, tension and discomfort.

You have the right to be comfortable... allow every cell now to remember what normal feels like... I wonder how surprised you will be... when you think back to a time... a time in your past... when you can remember being able to do the things you like to do...

I wonder just what that thing may be... only you know if it's a sport...a hobby or even your job. It really doesn't matter what it is ... all that matters is that you allow your thoughts... allow your memories to focus on that time in your past. I'll give you a few moments now to focus on that time... that happy memory... that comfortable memory...

So that you can imprint that memory on every cell of your body and... and as you do so feel that cool or warm orange colored magnetic liquid which continues to pull from every cell... the anxiety... the tension... and the discomfort so that you can replace those uncomfortable memories with the memories of comfort... serenity...and tranquility in every cell.

Do that now while I'm silent as you go deeper and deeper... (just a few moments of silence).

Wonderful... I am so proud of how well you're doing... now allow your fingers and your toes to be like water faucets... open them up and allow that cool or warm orange colored magnetic liquid to drain from your body... leaving behind cells that are restored with comfortable... relaxed... calm... and peaceful feelings.

Now each and every cell of your body knows what normal is. I wonder how surprised you are to discover how wonderful it feels to remember what normal is... what comfort is.

It is OK now to let go and to enjoy the fact that you have the right and that you are worthy of feeling your best.

It is OK to let go of guilt...just let it go.

Allow yourself to have forgiveness for yourself and others.

(Continue with the suggestions for self-hypnosis at home and emerge now in whatever method you as the hypnotist prefer to use).

Emerge debrief

APPENDIX 4 ARTICLES

Hypnosis – Fears and Misconceptions

Ron Eslinger

Have you seen a hypnosis stage show or maybe an episode of the *Mentalist* or a recent *CSI* episode where a lady was given the suggestion in hypnosis that she would dive from her balcony into a swimming pool a few feet below? There was no pool and the girl dove to her death. Such stories make great TV drama, but are far from hypnotic truth.

I can understand the general public having fears of going into hypnosis because of such shows. However, *The Jane Pouley Show* devoted an entire hour to hypnosis and its many benefits. *Date Line* did a series on hypnosis for weight management and childbirth. Both were well researched and unbiased. The Public Broadcasting Station (PBS) did a two hour program called *New Medicine* which featured the many benefits of hypnosis in health and wellness. These programs showed hypnosis as the safe and beneficial integrative therapy that it is. They explained that all hypnosis is self-hypnosis and a person cannot be made to do something they do not want to do.

I am always surprised when the educated display their misconceptions of hypnosis. For example, in 2004 my client came to me directly from an appointment with her doctor. I asked her if she had told her doctor that she was seeing a hypnotist. I was very surprised at her answer. She said, "My doctor said, I cannot believe you are going to let a hypnotist control your mind." In this case the patient was more informed than her doctor.
What is hypnosis?

Albert Einstein called hypnosis creative daydreaming. The most common definition is focused concentration. Most importantly is the fact that it is a natural state. If you have ever done any of the following you have been in hypnosis: day dreaming, prayer, fantasizing, driving to work and not remembering what went on between home and work, worry, and meditation. Worry is the most dangerous of all of these because of the physical and mental illness it can cause.

What are the fears and misconceptions?

- Inability to dehypnotize or return to normal state
- Gullibility confused with suggestibility
- Loss of consciousness
- Weakening of the will
- Giving away secrets
- Hypnosis requires a weak mind
- Losing control to the hypnotist

What hypnosis is and what hypnosis is not

Hypnosis Is	Hypnosis Is Not
The ultimate display of control	Loss of control
Being awake with complete awareness	Sleep
Rapport with subconscious mind	Being controlled by someone else
An avenue for therapy for a multitude of problems	A form of black magic or voodoo
Using the imagination	Being gullible
A legitimate tool for health care and wellness	An abuse of a person's desires

If the idea of hypnosis scares you then call it by one of its other names, Guided Imagery, Visualization, Meditation or Daydreaming. You often enter self-hypnosis so keep your thoughts positive, your self-suggestions healthy and your thinking will change your brain which will change how your body responds. Any drug advertisement will spend a large amount of its advertising space to list the side effects. Not so with hypnosis. Hypnosis is safe. For more information go to www.eslinger.net

Stress Kills - Take Five and Survive

Ron Eslinger

In October of 2008, I wrote an article for Visions Magazine titled *Change Your Mind - Change Your Brain - Change Your Behavior*. You can make changes in your life by changing your thoughts. Your thoughts change your brain activity. When your brain activity changes, so does your behavior. That behavior may be chronic pain, smoking, or overeating. Any behavior can be changed by changing your thoughts, and by changing your environment. Simply stated, stop and change negative thoughts, unhealthy thoughts, worrying thoughts and stop thinking of the past and the brain begins to change. Add to that a change in your environment. Ask yourself, do I need to change who I hang around with, what I watch on TV, the music I listen to, the game I play, my job, where I live and even what I eat and drink. By making positive changes you actually affect changes in your genes, a choice only you can make.

Time Magazine January 18, 2010 printed an article titled W*hy Genes Aren't Destiny*. This article states, not only does changing your thoughts and your environment change your brain, you can also influence your genetic code. So what does that mean? It means that you no longer have to be controlled by your parent's genes. You can influence changes in your own genes by changing your thoughts and your environment, both of which no one controls, but you. Are you ready to change your thoughts in order to change things about you that you would like to change? Only you can decide.

You can start here, I stated that stress kills and suggest that you take five and survive. Research has shown that chronic stress causes the following according to "Employee Burnout: America's Newest Epidemic" (Northwestern National Life); and "Job Stress: The 20th Century Disease" (UN International Labor Organization); "Mitchum Report on Stress in the '90's."

Job Stress

- It is projected that 60% to 80% of all work related accidents are due to stress.
- 40% of worker turnover is due to stress.
- Up to 90% of all visits to primary care physicians are for stress-related complaints.
- Up to 80% of industrial accidents are due to stress.
- Over 50% of lost work days are stress-related.
- 14% of all workers say stress caused them to quit or change jobs in the previous two years.

Stress affects our blood pressure; sleep habits, nervousness, depression, diabetes, digestive system chest pain and is even reported to be a cause of cancer lupus and arthritis. Whenever our bodies are stressed – whether the stress is real or imagined – our brains take over and respond. Stress, by the way, can come in many forms: an impending

deadline, an inability to complete your work tasks, or even a verbal lashing from another person. Yet, the physiological response is basically the same. There are many other physical, emotional and behavioral diseases caused by stress.

Knowing that stress kills, what are you willing to do to survive? Most people just ignore it. Unfortunately that does not make it go away. Make the change by creating a new positive image of your life while practicing the following three, five-point exercises. A free MP3 Relaxation audio is available at www.eslinger.net.

Five Ways to Cut Down on Stress

1. Exercise regularly.
2. Avoid false guilt and worry.
3. Set realistic goals and priorities.
4. Hang loose. Set aside idle time to relax every day.
5. Avoid overindulging in drugs, alcohol, caffeine, and nicotine.

The Five Steps for Stress Reduction.

1. Progressive relaxation starting from your head or toes and mentally relaxing each part of your body (you can down load a free progressive relaxation at www.eslinger.net).
2. Create a positive visual picture in your mind using your imagination and memory.
3. Create feeling sensations that go along with the visualization (beach feel warm, etc.).
4. Establish a positive anchor (squeezing the thumb and index finger or taking an abdominal breath are common anchors) to hold on to the relaxed, positive sensations.
5. Practice by thinking of the image as you use the anchor. (What the mind has experienced it can recreate, think of and create your positive relaxing experiences).

How To Enhance The Relaxation Response

1. Quiet place
2. Positive self-talk and thought
3. Soothing music (biorhythmic is most relaxing)
4. Creative day dreaming of calming events
5. Taking a walk in a park or woods where you can appreciate nature

Change Your Mind - Change Your Brain - Change Your Behavior

Ron Eslinger

How can our beliefs change our behaviors?

Bruce Lipton, Ph.D. professor at Wisconsin University and Stanford University Schools of Medicine pioneered stem cell research in the 1960's. His research asserts living beings are not machines run by biochemicals and DNA. In his book *Biology of Belief* he states; "What we now know is that our entire biology is shaped by the intelligence of each of our fifty trillion cells. And the single most important way to influence them is through the energy of our beliefs."

With this in mind we must explore our own thoughts and how they shape who we are and who we become. What we know from his research is that we were programmed starting five months before we were born by the energy of our parent's thoughts and our surroundings. The stresses, the happiness the fears and the worries they had were programmed into us. We continued to be affected by outside environmental signals until the age of six and continuing to a lesser degree until the age of nine. So in actuality we are today in attitude and personality what we learned before birth and until the age of nine. We were programmed like computers or recorded on like a cassette tape so that we just keep playing the same programs over and over. Unless we change the recording, we cannot change the behavior.

For example, you may have a fear of snakes because one or both of your parents was afraid of snakes. Imagine yourself as a child with a parent playing in the back yard. Now imagine seeing a snake in the grass. Your parent screams "Snake!" The parent grabs your hand and jerks you into the house. You were just taught that snakes are something to be feared. However, when your parent sees the snake and says "look there is a snake in the yard" and explains that some snakes are harmless and that others are dangerous, perhaps you would have a respect for snakes but not associate them with fear.

The most amazing thing discovered by Dr. Lipton is that any behavior we have acquired in the computer brain or cassette tape of the mind can be re-recorded or "written over". However, the only way that can be achieved is while someone is in the Alpha or Theta brain-wave frequency; which is actually the frequency we are in all the time until the age of six and Alpha until the age of around nine. Therefore, if we can only record over behaviors in the Alpha or Theta Brain wave frequency, how do we do it?

Simple - either by meditating or practicing self-hypnosis. Both involve Alpha and Theta brain wave states. Therefore, if you allow yourself to see new possibilities while in a hypnotic state you begin to change or rewire the brain. When you rewire the brain, the chemicals produced by the brain send new messages to the cells which change the cells

response which changes the behavior. The reason most people have trouble making the changes they want is because they live as if today were yesterday. They continue to carry around the baggage from the past. When I teach people how to use self-hypnosis I instruct them to "see yourself, not as you are, but as you want to be..., as if you have already achieved your goal and imagine it in a realistic and believable manner."

You can make changes in your life by changing your thoughts. Your thoughts change your brain activity. When your brain activity changes, so does the behavior.

Hypnosis can help. Chronic pain, smoking, and over eating are all results of behavior that can be changed. If you're ready for change, please learn more about hypnosis - visit www.eslinger.net.

I Was Blind, But Now I See

Ron Eslinger

I received a call from a delightful yet frustrated young lady of 64 saying that a friend of hers thought I might help her using hypnosis.

The following excerpts are from an article her husband wrote following her hypnotherapy, which he titled, *A Miracle Achieved Through Hypnotherapy.*

Pat was examined by a number of doctors at the Medical College of South Carolina and diagnosed with Benign Essential Blepharospasm (BEB).

She was referred to one of the foremost medical experts specializing in her condition who treated her with Botox. However, her condition continued to deteriorate. She voluntarily quit driving. Watching TV or reading became a chore and was accomplished by holding one eye open with her thumb and finger. She had to hold her husband's arm on her daily walks in order to avoid straying into trees and mailboxes. For all intent and purposes, Pat became functionally blind.

Grasping at any alternatives she could find that might provide relief, she underwent acupuncture. Having exhausted all avenues except surgery, she finally decided that this was the last hope for some relief. The probability of success was accessed at 50-50. The long-term consequence of the surgery, called a partial myectomy, could be that she would be unable to close her eyes and would then have to deal with chronic dry eye.

One week before her surgery, Pat was visiting a friend who was a nurse at the U.S. Navy Hospital in Portsmouth, VA. She asked Pat if Pat had any issues with alternative medicine. She said she knew of a Navy Nurse who had achieved wonderful results through hypnosis. He (Ron Eslinger) had successfully conducted a series of "stop smoking" and "weight reduction" clinics; had worked with a number of severe cancer patients; complicated childbirth situations; and a myriad of other complex medical problems. Pat's friend emailed Ron who agreed to see Pat in a couple of days. He stated he had not worked with any patients who suffered from BEB, and would have to research this disease to understand more about it. Ron made it clear that he could not guarantee any positive results.

Pat and her husband traveled to the Navy Hospital in Beaufort, SC where Ron was assigned. He explained the basics of hypnosis to Pat and then hypnotized her. As he started, her eyelids were full of spasms. After approximately twenty minutes, the spasms ceased. As she was brought out of her session, she seemed relaxed for the first time in five years. There clearly had been some kind of a major break-through in ameliorating her

condition. The success achieved in this session was so significant that Pat cancelled her surgery.

Pat's husband stated that with each hypnosis session, there was progressive improvement in her condition. The involuntary closing of her eyes was slowly being brought under control. Each night Pat would say an affirmation - "Every day, in every way, I am better and better". Ron made her a tape and taught Pat self-hypnosis which she did daily.

One year later, Pat has regained the confidence and ability to once again drive her car. This has restored the independence she had lost for five years. This, coupled with a self-hypnosis session every day, has allowed Pat to fully regain her life style including playing golf as well as she ever did.

According to her husband, Pat considers Ron, her hypnotherapist, to be a miracle worker and fondly refers to him as her "Guru". Hypnosis worked for Pat when everything else failed.

Tiger Woods Uses Hypnosis

Ron Eslinger

Tiger Woods was quoted in the August 2001 issue of *Golf Magazine* saying, "I always have an inner peace on the golf course. I've learned to trust the subconscious, and my instincts have never lied to me." Much of the credit for this inner peace and calm is because he has practiced hypnosis since he was 13 years old.

Tiger was taught how to get himself into "the zone" at will. The zone is hypnosis which is a state of complete focused concentration. This is when a player controls his peak performance.

In the same manner that Tiger uses hypnosis to get into the zone for golf; other athletes and students have the capability of creating the same "in the zone" performance. Over the years I have worked with a number of athletes including a professional golfer who had won a major golfing event. I also taught a number of gymnasts and cheerleaders how to focus and mentally practice. A thirteen year old baseball player was having trouble hitting, so to get ready for a tournament he used hypnosis. He hit a triple, a single and got a walk. Hypnosis worked for him.

Hypnosis and self-hypnosis works great with children in all areas of life. Great musicians see the music in their head prior to performing. Test anxiety is an easy fix. In the past I used hypnosis with lawyers, nurses, and veterinarians to prepare them for state boards. Study habits and recall change by simply increasing confidence and self- esteem. It is so simple for children to learn how to get into hypnosis and self-hypnosis. As a matter of fact all children under the age of seven are in the alpha and theta brain wave or hypnosis all the time except when they are sleeping. We all enter hypnosis throughout the day. Examples are day dreaming, worry, driving, reading, watching TV and especially when we fall asleep at night.

Hypnosis, is to many, a scary word. They think of magic, hocus pocus, witch craft, loss of power an even going into hypnosis and never coming out. In actuality it is and alpha brain state which is the same brain state we go though as we fall asleep at night. We could call hypnosis guided imagery, meditation, day dreaming, and worry. Each of these can be constructive or destructive. Which type of hypnosis do you use?

Every thought we have creates a feeling and each feeling creates and emotion, and each emotion creates a chemical change in the body. The subconscious mind does not know the difference between something thought and something real. If you don't believe this, think about eating a lemon and feel the biological response your body makes. You salivate, you make a face, and some of you may even feel pain in your jaw. All this comes from a thought.

Children and adults use self-hypnosis best for sports when they watch someone performing the way they want to perform. Once they have done that they can practice correctly in their imagination. The old adage practice makes perfect is wrong. Only perfect practice makes perfect. The imagination is the perfect place for perfect practice!

Awake The Movie – What About Your Anesthesia

Ron Eslinger

The two most common fears of people having anesthesia is not waking up or waking up during surgery.

The movie "Awake" according to the web site is a psychological thriller about a common occurrence called "anesthetic awareness" a horrifying phenomenon wherein a patient's failed anesthesia leaves him fully conscious but physically paralyzed during surgery. The patient's charming wife is forced to struggle with her own demons as a terrifying drama unfolds around the couple.

YOU RIGHTFULLY expect that you will not have conscious memory of your surgery when it is performed under general anesthesia, but what about unconscious memories.

Should you be concerned?

Not much, even though, the synopsis above says this is a common occurrence. I have given many presentations to nursing groups about awareness and recall during anesthesia. I will relate some of that information briefly.

Janet Osterman's research at Boston University received some media attention in a recent article in *Time Magazine* that estimated that wake-ups occur in at least 40,000 of the nation's twenty million annual surgeries. She means wake-ups during anesthesia not after it is over.

Research reported by Liu in Anesthesia 1991 and Ghoneim, Anesthesiology 1992 found the incidence of recall or awareness to be between 0.2% to 1% which is not bad unless you are the patient having the recall.

Awareness is not always bad! I've had many patients tell me they had recall but what they had was I.V. Sedation, not General Anesthesia. Others have confused recall of the operation with what they heard as they entered anesthesia or when coming out of anesthesia.

A rare occurrence is when recall is being awake:

I did not do the anesthesia, but I can remember my first encounter with awareness in 1974 when a patient having dental surgery woke up during her surgery aware of everything that had happened including the pain. I was a student nurse anesthetist and she was very vocal about how unhappy she was. She remembered hearing and feeling everything.

I attended a conference for the American Association of Nurse Anesthetists where Jeanette Tracy described her experience of being awake during her surgery. My ears burned at her words: "I was screaming in my head, you know, 'Don't cut me, I'm still awake!' She said she was frantically trying to move something," In her book *Silent Screams*, she describes all that happened during her hernia operation including the hospital staffs attempt at cover up and the post-traumatic stress disorder (PTSD) that lead to depression and thoughts of suicide.

Research at the University of Tennessee, Memphis proves that patients eavesdrop on surgeons. The study showed that 80% of patients hear while under general anesthesia. Variables depend on the type of anesthesia agent used. Even though they hear they are not consciously aware of what is being said, but what they hear can become a part of their subconscious memory. What is said can create a positive effect, an adverse response or nothing at all.

In 1984 I created my first cassette tape for my patients to listen to during surgery. It included biorhythmic music and positive suggestions. Before that I would talk into my patient's ear. I now teach thousands of nurses every year on awareness and how to enhance patient outcomes using suggestion during surgery. The Navy is now doing research using my pre and intra operative CDs to help patients wake up with less pain, less nausea and vomiting and to heal faster. The head phones also decrease the other words and sounds in the room.

The pain clinic at Naval Medical Center Portsmouth, VA asked me to use hypnosis for a patient with severe pelvic pain that started when she woke up from her general anesthesia for an abdominal hysterectomy. She was addicted to narcotics and had no positive quality of life. Even with that her pain went away during her first hypnosis session. In hypnosis she was able to remember that during her surgery she heard the doctor say. "She will wake up with one hurting bladder." Her conscious mind did not register the statement, but her subconscious mind did. Because of what she subconsciously heard she woke up with pain that lasted two years. Her pain has not returned.

We Are Only As Happy: As We Make Up Our Mind To Be

Ron Eslinger

In 1859 Florence Nightingale wrote in her book N*otes on Nursing* that volumes have been written about the effect of the mind on the body. She described her observations of how color, aromas and changing patient's thoughts affected their wellness and healing. It has been almost 150 years and medicine still mostly ignores the power of the mind in illness and wellness. Below are a few thoughts on the subject.

My favorite quote is from Abraham Lincoln, who said, "A man is only as happy as he makes up his mind to be." Yet many people think in terms of happiness as the drugs or alcohol they consume or by what they own. I wonder what you consider when you think of happiness? Is it a place, a thing or a person? Have you ever thought that maybe happiness like every other rare and precious thing doesn't come to you? You have to go get it.

Oliver Wendell Holmes said, "The greatest thing in life is not where you are, but the direction in which you are moving". However, I've noticed that most people are not moving in a direction of happiness and contentment, but are stuck in their past sorrows and misgivings or worried about something they have no control over. What a waste!

Ralph Waldo Emerson stated, "What lies behind us and what lies before us are tiny matters compared to what lies within us". When living in the present it is like looking through the big end of a pair of binoculars, what we see in the past becomes very tiny through the binoculars. How many people do you know that dwell so much on the past they can't live in the present? They allow their worries to drive them to drink and/or drugs. It's as if they sit in a corner and have a thumb sucking pity party. When in actuality, "It only takes one person to change your life and that is YOU," says Ruth Casey. Thoughts are things so, therefore, change your thoughts and change who you are.

Imagine what it would be like if we listened to Charles Kettering, who said, "You can't have a better tomorrow, if you're thinking about yesterday all the time". So how do we move out of the past into the present with an eye on the future? Dr. Martin Luther King stated, "If you will take the first step in faith you don't have to see the whole staircase. Just take the first step". You can drive across the United States at night only seeing 200 feet ahead where the headlights shine, but you trust there is a safe highway beyond the head lights. Yet many people spend so much time in their, "what ifs and I cants" that they lose sight of their "why not's."

Say Good Night to Insomnia

Ron Eslinger

"The National Sleep Debt: Eighty percent of us stumble around sleep-deprived. It cost us our health – even our lives - and it costs the country billions." *Life* 1998.

The cover of *Life Magazine* in 1998 was titled *Sleepless in America.* A man lying in bed on his back staring up at the ceiling wide awake. He was one of seventy million Americans who have trouble either getting to sleep or staying asleep.

Sleep centers have popped up across the country to help identify the physical causes of sleep deprivation. In so many cases it is simply being overweight while for others it is stress or poor sleep preparation habits.

The Geneva Convention, Amnesty International and The United Nations consider sleep deprivation a form of torture. Yet millions of Americans torture themselves willingly by not getting enough sleep. How much sleep do you need? A minimum of six hours, but seven to eight hours is best.

Your bed is made for two things and one of those is sleeping. The bed is not for eating, drinking, reading, watching TV, emailing, texting or arguing. If you are doing these things you are flirting with sleep deprivation and possibly causing one or more of the following:

- Suppression of Immune System
- Increased irritability
- Impaired creativity
- Difficulty concentrating
- Impaired memory
- Early signs of diabetes
- Slurred speech
- Lower tolerance for stress
- Impaired coping abilities
- Slower reaction time
- Impaired decision-making ability
- Stress
- Anger

The first step in controlling both your insomnia and your sleep deprivation is to manage your stress and to develop good sleep preparation hygiene.

How many times have you tossed and turned thinking I can't get to sleep; then worrying about not waking up if you do go to sleep? You then top that off by thinking you can't

function if you don't get some sleep. You say over and over "I can't sleep". You create your own self-fulfilling prophesy. When you talk or think your brain listens ,so be careful of what you say to yourself.

Here are some techniques I teach my clients who are having difficulties with sleep and all have said they are sleeping better.

- Go to bed at approximately the same time every night in a cool, dark room.
- Eat nutritious foods high in calcium and B-vitamins.
- Take three abdominal breaths by pushing your stomach out for a count of three to five holding it for a count of three to five and then releasing it at the count of six to ten.
- Say to yourself twenty times, "I am asleep".
- Make sure you keep it in the present tense not "I am going to sleep now."

If you wake up during the night and stay awake for more than twenty minutes, get out of bed and read or watch TV and then return to bed. Do the three breaths and say the statement twenty times again.

Good night and sweet dreams. www.healthyvisions.net

Words on Water, Make Plants Grow

Ron Eslinger

My 12 year old grandson, Drake, asked me for ideas for his science project. I told him about a video called *What In The Bleep ...Do We Know* on quantum physics that shows changes made to water molecules when words are written on the side of their container. The water molecules were viewed under a microscope and the results that occurred with the different words were astonishing. Those with positive words looked like snowflakes and crystals while those with negative or mean words took on angry colors and shapes.

I asked him if he thought plants put in water with positive or negative words on them would make a difference in the plants growth. He said he didn't think so. Below is an excerpt from the book by Marsaru Emoto.

The Hidden Messages in Water introduces the revolutionary work of internationally renowned Japanese scientist Masaru Emoto, who has discovered that molecules of water are affected by our thoughts, words and feelings. Since humans and the earth are composed mostly of water, his message is one of personal health, global, environmental renewal and a practical plan for peace starts with each one of us.

According to Masaru Emoto in his book *The Hidden Messages in Water* words and phrases can change water molecules. Drake asked himself the question, " Does it make a difference in a plants growth if you write something on the outside of a cup of water and then put the plant in it? " In this case he put a cutting from a vine taken from a planter in our house. He was looking for the answer to two specific questions: 1. Does a negative word change water molecules? 2. Does a positive word change water molecules?

Drake did not think it would make a difference if he wrote negative or positive words on a cup of water. He said, "It will not change the molecular structure of the water molecules and will not change how the plants grow, water is just water."

He used four plastic cups, three fourths full of tap water and a label taped to the side. The labels were: "I love you, I hate you, I will kill you, and Thank you."
He monitored them for eight weeks photographing the plants on September 23, November 18, December 3, and December 28, 2008.

The results proved Drake's hypothesis wrong. It does make a difference if you write negative or positive words on a cup of water. It does change the molecular structure of water molecules as stated by Mr. Emoto. The change was evident by the changes in the growth of the vines.

Over that eight week period Drake watched the two cups with "I will kill you" and "I hate you" written on them wilt and die. While the vines in the cups labeled "I love you" and "Thank you" flourished. The "Thank you" vine even sprouted roots and leaves.

Most amazing to me was after we had completed the science experiment documentation and were waiting for the day of the science fair. Karen, Drake's grandmother, took the plants off the window sill to clean. When she put them back on the window sill she inadvertently put the "I will kill you" cup between the "I love you" and "Thank you" cup. Within a week the seemingly dead plant sprouted a new leaf. Simply amazing!

If you want healthier potted plants or herbs write positive words on their containers and see the change. If you will consider that words can do that to water and our bodies are made up of 90% water, then what do words do to us?

Rethinking Hypnosis – A Great Tool

Ron Eslinger

Clinical hypnosis has been my professional focus for more than a quarter-century. Even though I am a Certified Registered Nurse Anesthetist and have held executive positions both as a nurse and a hospital executive director there is no treatment tool I know of that is more powerful in helping people control their bodies, their feelings and their lives than hypnosis. Hypnosis is a fascinating domain of clinical research and practice that involves the study of how seemingly ordinary people like you and I can accomplish extraordinary things by using our minds.

All hypnosis is self-hypnosis and involves nothing more than learning to focus your mind. All mental images thoughts and ideas influence the body's responses in some very special ways. In one article I discussed the biochemical changes the body makes just by thinking about eating a lemon. The brain does not know that a thought or a memory is not the real thing.

Research has given us a great deal of knowledge through the study of hypnosis on how the mind experiences both reality and perception. What scientists discovered is that the mind cannot tell the difference between reality and perception.

We have learned that people can learn to become so deeply absorbed in daily life experiences that they can permit their body to be more comfortable even when there are reasons that perhaps they shouldn't be. I have worked with patients having dental procedures with Novocain, and childbirth with no anesthetic. I have even been at a football game where a three year old was stung on the hand twice by yellow jackets and in only a few moments helped her take the pain completely away. Much better than Grandma's snuff use to do.

In the minds of some people the word "hypnosis" has connotations of magic, or hocus-pocus. The media misrepresents it when they show stunts with audience members clucking like chickens or doing an Elvis impersonation. People think they are in an unconscious state, when in fact the opposite is true. You are more alert with the mind very focused and concentrated somewhat like taking a magnifying glass and concentrating the sun into such a small spot that you can create fire.

A lady came to me many years ago to stop smoking. She had a wonderful result and was very happy that she no longer smoked. However, her friends who were smokers starting saying to her, "I can't believe you let him control your mind like that. Why there ain't no telling what else he might have told you to do." So in all her wisdom the lady called and said, I quote, "I don't like you controlling my mind. I want you to hypnotize me and give me my smoking back." Simply amazing don't you think.

Recently one of my clients came straight from her physician's office to my office. I asked her. "What did your doctor say about you coming to a hypnotist?" Her reply was, "My doctor said I can't believe you are going to let him have control of your mind." She responded so well to hypnosis for her problem that she wasn't about to quit the hypnosis.

Fortunately, the truth of the matter is that the hypnotist is never in control. A hypnotic suggestion works only if you accept it, and the therapist cannot make you do something you would not do consciously, something that goes against your moral code or religious beliefs, for example. The practitioner's goal is to help you use your own mind to solve problems, rather than give you the answers. If you have ever daydreamed then you have been in hypnosis.

The Price Is Right: Come On Down!

M. Ron Eslinger

Can you imagine what it would be like to be sitting in the audience of *The Price Is Right* and hear Bob Barker say? "Come on down you're on *The Price Is Right*!"

Well believe it or not, there are three people in Anderson County, Tennessee who actually experienced that wonderful sensation. Two of them were on the same program and spun the showcase wheel against each other. It was mother-in-law against son-in-law. Of course the son-in-law being politically correct lost to the mother-in-law. That was a good thing.

Six months later, a third family member also heard the call. "Come on down you're on *The Price Is Right."* She was soon to enter the winner's circle with her husband and her mother.

Karen Eslinger, Ron Eslinger and Katie Stanton were all winners on *The Price Is Right* with Bob Barker. Yes, both ladies kissed him. Katie won the showcase by first beating out her son-in-law (me) when spinning the wheel. She walked away with an Alfa Romeo car, a living room full of furniture and a beautiful German grandfather clock. I did OK myself by winning a new car and a dining room set.

Six months later Karen, my wife, celebrated a friend's birthday at *The Price Is Right.* Her friend didn't get chosen, but Karen did. That day she brought home a widescreen TV, VCR and two wonderful recliners to enjoy our new home entertainment system.

As Paul Harvey would say: "Now for the rest of the story."

Karen and I learned early in our career to take each Navy move as if it was just an extended vacation. We knew that when we retired we would return to East Tennessee. Our order to Southern California was a simple three-year vacation as far as we were concerned. Shortly after being assigned there we got tickets to *The Price Is Right* to celebrate Karen's birthday. Karen's mother and stepfather visited us in Long Beach for Karen's first birthday outside of Tennessee. So off we go to spend the day on *The Price is Right.*

They do two shows a day with 300 people in the audience and the producer interviews each possible contestant. You stand in line just like at Disney World except that you are six across and the producer starts left to right asking questions. It is quick and he who hesitates loses. Everything hinges on those first couple words that come out of your mouth.

When Karen faced the producer he asked her what she was doing in California. She said, "I'm on my vacation and I've come to *The Price Is Right* for my Birthday today." He asked "how long are you going to be here?" "Three years," she said. He came back with, "Do you think you will unpack? "Probably not," was her answer."

The producer then looked at me and asked. "How old is she?" I learned a long time ago that you don't discuss a women's age. So I said, "Sir, she's the same age she was the day I married her. Three years younger than me."

Now Katie, my mother-in-law, was another story. When asked by the producer why she was in California, she blurted out that she was on her honeymoon. She didn't tell him that her wedding had been six months earlier and that she had been married six times and that this was the second time to her current husband.

How did we win? Karen was asked the prices of products that by coincidence she bought at the supermarket every week.

I had to guess and be within $600 without going over the price of a car. I had spent every afternoon for two weeks looking at cars because our son, Doug, had just totaled our car in an accident.

Katie won the showcase because the other contestant simply overbid and was disqualified.

Was it luck? Was it fate? Or was it the power of positive thinking, body language and communication? The answer is that it is what I call the air of expectation. We expected to get picked. However, expectations need education and communication. Therefore, we got advice from a past contestant and simply asked. "What is the procedure and what will increase our chances of being asked to "Come on Down!" We took their advice and we coached eight other people who felt that wonderful rush when they heard the words "Come on Down!"

James Braid

From the book
TRIUMPH OVER PAIN, BY RENÉ FÜLÖP-Miller, Copyright 1938

This transformation of mesmerism into a science was effected by James Braid (1795-1860), an able Scottish physician who practiced in Manchester.

In a Manchester lying-in hospital, Lafontaine was trying to allay the pangs of labor by the use of "animal magnetism" in accordance with the recipes of Mesmer, the eighteenth-century wonder-worker. James Braid was one of those doctors who regard the fight against pain as their chief mission. Everything which might contribute to this task seemed to him worthy of attention. Though a convinced rationalist, he did not despise mesmerism, being sure that unprejudiced observation was the first duty of the enlightened man of science. Why should he not watch Lafontaine trying this mesmeric hocus-pocus? There might be something in it which would be of use to scientific medicine. For many weeks he studied Lafontaine at work on the attempt to make delivery painless by means of "animal magnetism." The rationalist could not be easy until he had discovered the nature of the physiological processes which led to insensibility under the influence of "mesmeric passes." He perceived that Lafontaine's patients had a spasm of the eyelids which made it impossible for them to open their eyes.

Thus there occurred what so often happens as a prelude to an important discovery. Braid noticed a phenomenon of frequent occurrence which had previously been ignored. He drew inferences from it, tested these inferences by renewed experiments, found them confirmed—and thus made his discovery.

James Braid, the physician, inferred from his observation of the spasmodically closed eyes that the mesmeric sleep must be due to an act of concentration, the outcome of a restriction of consciousness involving the entire nervous system and the optic nerve. Then, following the enigmatic laws of a discoverer's brain, Braid came to the conclusion that this restriction of consciousness could be induced by a concentration of vision. But, if that were so, the concentration could be brought about at will, sensations, feelings and thoughts being deliberately extruded from the narrowed consciousness. Thus, Braid became enabled, by ordering the patient to concentrate, to induce a condition which he called neurohypnotism (the term being subsequently shortened to hypnotism), in which pain could be annulled voluntarily.

Braid's first experiments were performed upon his own wife. He took a shining tin box, held it before her eyes and told her to fix her gaze on it. She looked firmly at the object, and suddenly went to sleep. Then Braid ordered her to do this, that and the other—many of them the most unreasonable things. She obeyed every command without protest, as if

under stress of an irresistible inner impulse. Pricking her arm with a pin, he said commandingly: "You feel no pain"—"I feel no pain," answered his wife from the depths of her trance. In her narrowed consciousness, every word uttered to her became a reality.

"Now you are awake once more," he said, to conclude; and promptly his wife awoke.

That evening a friend called on Braid. The doctor told him to be seated and said authoritatively: "Look firmly at my eyes." His friend obeyed and, after looking for a second or two, was unable to turn away his eyes. Then he fell asleep and, at the word of command, did whatever Braid told him, until awakened—once more by order.

The experiments made upon his wife and upon his friend were repeated by Braid on numerous patients. Hypnotism had been discovered. A year later, in 1843, Braid published his book Neurypnology, or the Rationale of Nervous Sleep. In this work he freed the phenomena of mesmeric sleep from this mystery, disclosing the physiological substratum and giving a precise account of the technique of hypnotism . He said that the hypnotist used no transcendental or supernatural powers, and that the method was applicable by every intelligent practitioner.

This discovery of the hypnotic method of allaying or preventing pain was made in that wonderful fifth decade of the nineteenth century when all the fundamental methods of modern anesthesia were revealed. James Braid discovered hypnotism in 1842, the very year in which Long, at Athens, Georgia, performed a painless operation on Venable who had been put to sleep by the inhalation of either.

But James Braid was less fortunate with his mental or spiritual anesthesia than were the discoverers of chemical anesthesia. His neurohypnotism was not taken seriously by his professional colleagues, the medical faculty being outraged that a qualified physician should fool about with what they stigmatized as "quackery." Moreover, the pious of England, who insisted that nothing, must be done to free woman from the "primal curse," frowned upon the idea of spiritual anesthesia even as, a few years later, the Scotch frowned upon the "chloroform doctor" in Edinburgh.

It was outrageous, they declared, both for the operator and for the patient, that anyone should, for a time, surrender his will to another and allow the other to order him about. It was greatly to be deplored that any such thing should occur in a Christian land. God's displeasure would undoubtedly be visited on the offenders. The law and the Church should promptly take order about the matter.

At length Braid, though himself a religious man, was believed to be in league with the Devil, and it was really all the better for him that ere long hypnotism and its discoverer were forgotten, for thus only did this notable pioneer escape contumely. It was not until

about forty years later that the method was rescued from oblivion by a French doctor, A. A. Liébeault of Nancy.

Braid's first eye fixation induction

Bibliography

Andersen, U.S., The Magic in Your Mind, North Hollywood: Wilshire, 1961.

Barabasz, Arreed F. Ed.D., New Techniques in Behavior Therapy and Hypnosis. South Orange: Power Publishers, Inc., 1977.

Barber, Joseph, Hypnosis and Suggestion in the Treatment of Pain, W. W. Norton & Company, 1996.

Caprio, Frank S. and Berger, Joseph R., Helping Yourself with Self-Hypnosis, New York: Warner Books, 1963.

Copeland, Rachel, How to Hypnotize Yourself and Others, New York: Harper and Row, 1982.

Coue', Emile. My Method, Ron Eslinger, www.eslinger.net.

Crasilneck, Harold A. , Ph.D. and Hall, James A. , M.D., Clinical Hypnosis: Principles and Applications, New York: Grune and Stratton, 1975.

Eimer, Bruce N. Ph.D., ANPP, Hypnotize Yourself Out of Pain Now! New Harbinger Publications, Inc. 2002.

Friedberg, Fred Ph.D. Foreword by Matthew McKay, Ph.D. Eye Movement Technique for Emotional Healing, New Harbinger Publications, Inc. 2001.

Fülöp-Miller, René Triumph Over Pain, Library Guild of America, New York, 1938

Heap, Michael and Kottiyattil K. Aravinhd, Hartland's Medical and Dental Hypnosis,. Churchill Livingstone, 2002.

Henderson, Charles L. You Can Do It with Self-Hypnosis, New Jersey: Prentice-Hall, 1983.

Hilgard, Ernest R. and Josephine R. Hilgard, Hypnosis in the relief of Pain, Brunner/Mazel, Inc. 1994.

Hollander, Bernard, M. D., Hypnosis and Self-Hypnosis, North Hollywood: Wilshire Book Co., 1957.

Karlins, Marvin and Andrews, Lewis M., Biofeedback, New York: Warner Books, 1972.

Kroger William S., M. D., Clinical and Experimental Hypnosis In Medicine, Dentistry, and Psychology , 2nd ed. Philadelphia: J. B. Lippincott Company, 1977.

Kroger, William S. , M.D. and Fezler, William D. , M.D., Hypnosis and Behavior Modification: Imagery Conditioning, Philadelphia: J. B. Lippincott Company, 1976.

Kroger, William S., M. D., Child Birth with Hypnosis. North Hollywood: Wilshire Book Co., 1958.

Kuhn, Lesly and Russo, Salvatore , Ph.D., Modern Hypnosis , North Hollywood: Wilshire, 1958.

LeCron, Leslie M., The Complete Guide to Hypnosis, New York: Harper and Row, 1971.

Murphy, Joseph , D.R.S., Ph.D., D.D., L.L.D., The Power of Your Subconscious Mind (New Jersey: Prentice-Hall, 1977.

Nightingale, Florence, Notes on Nursing, What it is What it is not. Phylidelphia. J.B. Lippincott Company, 1859.

Olness, Karen and Daniel P. Kohen. Hypnosis and Hypnotherapy with Children, Third Edition, New York, The Guilford Press, 1996.

Powers, Melvin, Advanced Techniques of Hypnosis. Beverly Hills: Hal Lighton Printing Co., 1953.

S. J. Van Pelt, M.D., Secrets of Hypnotism, North Hollywood: Wilshire, 1958.

Sarno, John E. M.D. The Mindbody Prescription, Warner Books, 1998.

Watkins, John, Ph.D., Hypnotherapy of War Neurosis. New York.The Ronald Press, 1949

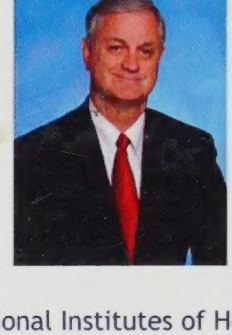
Yapko, Michael D. Trancework III, An Introduction to the Practice of Clinical Hypnosis. New York, Brunner-Routledge, 2003.

INDEX

"Every day in every way, I am getting better and better.", 17
'The Search for Bridey Murphy', 9
"5th Vital Sign", 67
"What the Bleep Do We Know?"., 32
A Miracle Achieved Through Hypnotherapy, 112
Abraham Lincoln, 118
Alpha, 14, 82, 110
American Medical Association, 76
American Pain Society, 63
American Society of Clinical Hypnosis (ASCH), 14
Amygdala, 30, 32, 86
autohypnosis, 19
Benjamin Franklin, 59
Braidism, 16
Carl Jung, 17, 82
Change Your Mind - Change Your Brain - Change your Behavior, 108
Charcot, 17
Charles Kettering, 118
Clinical and Experimental Hypnosis by William Kroger, 11
complementary care, 62, 67
conscious (cognitive) mind, 37
conscious level, 13
corpus callosum, 27
Coué, 48
Coue's Laws of Suggestion, 51
creative visualization, 21, 26, 61, 90
Declarative memory, 32
Defechereux, 76, 77, 79, 80
Department of Labor, 14
Dr. Herb Siegel, 36
Dr. Martin Luther King, 118
dysautonomic, 76
Elliotson, 76
Esdaile, 76
Eslinger Definition, 14
Florence Nightingale, 61, 118
Franz Anton Mesmer, 16, 76
Glioblastoma, 36
guided imagery, 12, 25, 26, 36, 38, 61, 65, 67, 77, 78, 90, 92, 93, 114
Guided imagery, 25
heterohypnosis, 19
hippocampus, 31, 32
hypno-anesthesia, 73, 74
Hypnogenesis, 75
Hypnos, 13, 16, 85
Hypothalamus, 34, 35, 38, 85, 86
I Ching, 17
Ivan Petrovich Pavlov, 17
James Braid, 16
JCAHO, 62, 65, 66, 67
Joint Commission for Accreditation of Healthcare Organizations (JCAHO), 62
Lang, 76, 77, 78, 80
Lebovits et al, 78
Liebault and Bernheim, 17
Limbic System, 29, 30, 31, 34, 35, 86
Medical Practices Act, 70
Mesmerism, 16, 86
Milton Erickson, 18
monoeidism, 17
National Institutes of Health, 5, 62, 65, 72
Oliver Wendell Holmes, 118
Parker, 76
Pierre Janet, 17
Post operative nausea and vomiting, 78
procedural memories, 33
Psychoneuroimmunology, 36, 37, 38
Ralph Waldo Emerson, 118
Richard Lazarus, 57
Sigmund Freud, 17
Silent Screams, 117
Stimulus Response Theory, 17
stress, 11, 25, 29, 30, 32, 35, 37, 38, 54, 55, 56, 57, 58, 59, 65, 67, 78, 88, 90, 91, 92, 102, 108, 109, 117, 119
subconscious (automatic) mind, 37
subconscious level, 13
The American Medical Association, 19
Theta, 14, 89, 110
trance state, 13
Tsao and Zeltzer, 77
University of Tennessee Medical School, 64
Wain, 64
Why Genes Aren't Destiny, 108
William James -1842-1910, 25
working memory, 31

www.healthyvisionshypnosis.com

Made in the USA
Charleston, SC
10 May 2013



M. Ron Eslinger, CAPT, USN, NC, Retired RN, CRNA, MA, APN, BCH, CMI Certified Registered Nurse Anesthetist, Master of Arts, Advanced Practice Nurse, Board Certified Hypnotherapist, Certified Master Instructor of Hypnosis, Fellow National Council for Hypnotherapy (United Kingdom)

Hypnosis: Putting the Imagination to work is based on evidenced based research and reports from the National Institutes of Health and academic studies.

In the minds of some people the word "hypnosis" has connotations of magic or hocus-pocus. The media misrepresents it. Movies and fiction books, as well as old wives' tales have contributed to the misconceptions about hypnosis. Many people believe that the hypnotist has incredible powers, but nothing is farther from the truth. No one can be hypnotized by another person who does not want to be hypnotized.

Hypnosis: Putting the Imagination to Work covers the why and how of using hypnosis. For those who are interested in how hypnosis works the explanation is here with techniques for self-hypnosis. Learn how simple thoughts can change behaviors.

For hypnotists who want to improve their skills, this book is complete with scripts, tools and case studies to take their clinical skills to the next level.

ISBN 9781475107647
9 781475 107647
90
T2-CUR-507